



請掃二條碼登入  
客戶專頁，隨時  
提交索償申請及  
查閱進度。

<https://cs.chinalife.com.hk>

保單號碼 Policy No.

--	--	--	--	--	--	--	--	--	--

自我證明表格 – 個人

Self-Certification Form – Individual (理賠適用 For Claims)

重要提示 Important Notes:

- 這是由索償人向中國人壽保險(海外)股份有限公司(本公司)提供的自我證明表格，以作自動交換財務帳戶資料用途。本公司可把收集所得的資料交給財政局，財政局會將資料轉交到另一稅務管轄區的稅務當局。
- 如索償人的稅務居民身份有所改變，應盡快將所有變更通知本公司。
- 除不適用或特別註明外，必須填寫這份表格所有部份。如這份表格上的空位不夠應用，可另紙填寫。在欄/部標有星號(\*)的項目為本公司須向財政局申報的資料。
- This is a self-certification form provided by the claimant to China Life Insurance (Overseas) Company Limited (the Company) for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the Company to the Finance Services Bureau for transfer to the tax authority of another jurisdiction.
- The claimant should report all changes in his/her tax residency status to the Company.
- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields/parts marked with an asterisk (\*) are required to be reported by the Company to the Finance Services Bureau.

第 1 部 索償人的身份識辨資料 Part 1 Identification of Claimant

(每名索償人須分別填寫一份表格 Complete a separate form for each individual claimant)

1. 索償人的姓名 Name of Claimant	稱謂 (先生/太太/女士/小姐) 姓氏 * Last Name or Surname* Title (Mr/ Mrs/ Ms/ Miss)		2. 出生地點: Place of Birth :	
	名字 * First or Given Name * 中間名 Middle Name(s)		鎮/城市 Town/City: _____	
			省/州 Province/State _____	
		國家 Country _____		
3. 目前居住地址 Current Residential Address	城市 * City *	國家 *: Country *	郵政編碼/郵遞區號碼 Post Code/ ZIP Code	
4. 目前永久地址 Current Permanent Address (如目前永久地址與目前居住地址不同，填寫此欄)(Complete if different to the current residential address)	城市 * City *	國家 *: Country *	郵政編碼/郵遞區號碼 Post Code/ ZIP Code	
5. 通訊地址 Mailing Address (如通訊地址與目前居住地址不同，填寫此欄)(Complete if different to the current residential address)	城市 City	國家 Country	郵政編碼/郵遞區號碼 Post Code/ ZIP Code	
6. 出生日期 * Date of Birth *	(YYYY 年/MM 月/DD 日)		7. 澳門身份證 / 香港身份證 / 護照號碼: Macau Identity Card / HK Identity Card / Passport Number :	
8. 國籍 Nationality		9. 職業 Occupation	10. 行業 Business	

第 2 部 居留司法管轄區及稅務編號或具有等同功能的識辨編號 (以下簡稱「稅務編號」) \*

Part 2 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN") \*

提供以下資料，列明 (a) 索償人的居留司法管轄區，亦即索償人的稅務管轄區 (澳門包括在內) 及 (b) 該居留司法管轄區發給索償人的稅務編號。列出所有 (不限於 5 個) 居留司法管轄區。如索償人是澳門稅務居民，稅務編號是其澳門身份證號碼。如沒有提供稅務編號，必須填寫合適的理由：

Complete the following table indicating (a) the jurisdiction of residence (including Macau) where the claimant is a **resident for tax purposes** and (b) the claimant's TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence. If the claimant is a tax resident of Macau, the TIN is the Macau Identity Card Number. If a TIN is unavailable, provide the appropriate reason A, B or C:

理由 A 索償人的居留司法管轄區並沒有向其居民發出稅務編號。

Reason A The jurisdiction where the claimant is a resident for tax purposes does not issue TINs to its residents.

理由 B 索償人不能取得稅務編號。如選擇這一理由，解釋索償人不能取得稅務編號的原因。

Reason B The claimant is unable to obtain a TIN. Explain why the Claimant is unable to obtain a TIN if you have selected this reason.

理由 C 毋須提供稅務編號。居留司法管轄區的主管機關不需要索償人披露稅務編號。

Reason C TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

居留司法管轄區 Jurisdiction of Residence	稅務編號 TIN	如沒有提供稅務編號，填寫理由 A、B 或 C Enter Reason A, B or C if no TIN is available	如選取理由 B，解釋索償人不能取得稅務編號的原因 Explain why the Claimant is unable to obtain a TIN if you have selected Reason B
1. <input type="checkbox"/> 澳門 Macau	<input type="checkbox"/> 與索償人的澳門身分證號碼相同 Same as Macau ID No. of the Claimant <input type="checkbox"/> 其他 _____ (請註明 Please specify)		
2. <input type="checkbox"/> 香港 Hong Kong	<input type="checkbox"/> 與索償人的香港身分證號碼相同 Same as HK ID No. of the Claimant <input type="checkbox"/> 其他 _____ (請註明 Please specify)		
3. <input type="checkbox"/> 中國 China	<input type="checkbox"/> 與索償人的中國內地身分證號碼相同 Same as PRC ID No. of the Claimant <input type="checkbox"/> 其他 _____ (請註明 Please specify)		
4.			
5.			

### 第 3 部 聲明及簽署 Part 3 Declarations and Signature

本人知悉及同意，中國人壽保險(海外)股份有限公司(本公司)可根據第 5/2017 號法律《稅務信息交換法律制度》有關交換財務帳戶資料的法律條文，(a) 收集本表格所載資料並可備存作自動交換財務帳戶資料用途及 (b) 把該等資料和關於索償人及任何須申報帳戶的資料向澳門特別行政區政府財政局申報，從而把資料轉交到索償人的居留司法管轄區的稅務當局。

本人證明，就與本表格所有相關的帳戶，本人是索償人 / 本人獲索償人授權簽署本表格 #。

本人承諾，如情況有所改變，以致影響本表格第 1 部所述的個人的稅務居民身份，或引致本表格所載的資料不正確，本人會通知中國人壽保險(海外)股份有限公司，並會在情況發生改變後 30 日內，向中國人壽保險(海外)股份有限公司提交一份已適當更新的自我證明表格。本人聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by China Life Insurance (Overseas) Company Limited (the Company) for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the claimant and any reportable account(s) may be reported by China Life Insurance (Overseas) Company Limited (the Company) to the Finance Services Bureau of the Government of the Macau Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the claimant may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Law no. 5/2017 《Exchange of Information Law》.

I certify that I am the claimant / I am authorized to sign for the claimant # of all the account(s) to which this form relates.

I undertake to advise China Life Insurance (Overseas) Company Limited of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide China Life Insurance (Overseas) Company Limited with a suitably updated self-certification form within 30 days of such change in circumstances.

**I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.**

簽署

Signature

\_\_\_\_\_

姓名

Name

\_\_\_\_\_

身份 Capacity

(如你不是第 1 部所述的個人，說明你的身份。如果你是以授權人身份簽署這份表格，須夾附該授權書的核證副本。) (Indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified copy of the power of attorney.)

\_\_\_\_\_

日期 Date

(年 YYYY/ 月 MM/ 日 DD)

\_\_\_\_\_

# 刪去不適用者 Delete as appropriate