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保單號碼 Policy No.

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自我證明表格 – 控權人
Self-Certification Form – Controlling Person (理賠適用 For Claims)

重要提示 Important Notes:

- 這是由控權人向中國人壽保險(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。
- 如控權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 a Controlling Person 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.
- A Controlling Person 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 個人控權人的身份識辨資料

Part 1 Identification of Individual Controlling Person

1. 控權人的姓名 Name of Controlling Person	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. 現時住址 Current Residence 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 residence 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. 澳門身份證或護照號碼: Macau Identity Card or Passport Number :			
8. 國籍 Nationality	9. 職業 Occupation		

第 2 部 你作為控權人的實體

Part 2 The Entity of which you are a controlling person

填寫你作為控權人的實體的名稱。

Enter the name of the entity of which you are a controlling person.

實體 Entity	實體的名稱 Name of the Entity
(1)	
(2)	
(3)	

第 3 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 3 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”)*

提供以下資料，列明 (a) 控權人的居留司法管轄區，亦即控權人的稅務管轄區 (澳門包括在內) 及 (b) 該居留司法管轄區發給控權人的稅務編號。列出**所有** (不限於 5 個) 居留司法管轄區。如控權人是澳門稅務居民，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 Controlling Person is a **resident for tax purposes** and (b) the Controlling Person's TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence. If the Controlling Person 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 Reason A	控權人的居留司法管轄區並沒有向其居民發出稅務編號。 The jurisdiction where the Controlling Person is a resident for tax purposes does not issue TINs to its residents.		
理由 B Reason B	控權人不能取得稅務編號。如選取這一理由，解釋控權人不能取得稅務編號的原因。 The Controlling Person is unable to obtain a TIN. Explain why the Controlling Person is unable to obtain a TIN if you have selected this reason.		
理由 C Reason C	毋須提供稅務編號。居留司法管轄區的主管機關不需要控權人披露稅務編號。 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，解釋控權人不能取得稅務編號的原因 Explain why the Controlling Person is unable to obtain a TIN if you have selected Reason B
1.			
2.			
3.			
4.			
5.			

第 4 部 控權人類別

Part 4 Type of Controlling Person

就第 2 部所載的每個實體，在適當方格內加上 ✓ 號，指出控權人就每個實體所屬的控權人類別。
Tick the appropriate box to indicate the type of controlling person for each entity stated in Part 2.

實體類別 Type of Entity	控權人類別 Type of Controlling Person	實體(1) Entity(1)	實體(2) Entity(2)	實體(3) Entity(3)
法人 Legal Person	擁有控制股權的個人(即擁有不少於百分之二十五的已發行股本) Individual who has a controlling ownership interest (i.e. not less than 25% of issued share capital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	以其他途徑行使控制權或有權行使控制權的個人(即擁有不少於百分之二十五的表決權) Individual who exercises control/is entitled to exercise control through other means (i.e. not less than 25% of voting rights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	擔任該實體的高級管理人員/對該實體的管理行使最終控制權的個人 Individual who holds the position of senior managing official / exercises ultimate control over the management of the entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
信託 Trust	財產授予人 Settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	受託人 Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	保護人 Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	受益人或某類別受益人的成員 Beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	其他(例如: 如財產授予人 / 受託人 / 保護人 / 受益人為另一實體，對該實體行使控制權的個人) Other (e.g. individual who exercises control over another entity being the settlor / trustee / protector / beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
除信託以外的法律安排 Legal Arrangement other than Trust	處於相等/相類於財產授予人位置的個人 Individual in a position equivalent/similar to settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	處於相等/相類於受託人位置的個人 Individual in a position equivalent/similar to trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	處於相等/相類於保護人位置的個人 Individual in a position equivalent/similar to protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	處於相等/相類於受益人或某類別受益人的成員位置的個人 Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	其他(例如: 如處於相等 / 相類於財產授予人 / 受託人 / 保護人 / 受益人位置的人為另一實體，對該實體行使控制權的個人) Other (e.g. individual who exercises control over another entity being equivalent / similar to settlor / trustee / protector / beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

合夥 Partnership	擁有或控制合夥超過 0% 資本 / 利潤的個人 Individual who has a controlling ownership or interest over 0% of capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	以其他途徑行使控制權或有權行使控制權的個人超過 0% 的表決權 Individual who exercises control/is entitled to exercise control through other means over 0% of voting right)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	擔任該實體的高級管理人員/對該實體的管理行使最終控制權的個人 Individual who holds the position of senior managing official / exercises ultimate control over the management of the entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

第 5 部 聲明及簽署

Part 5 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) 把該等資料和關於控權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，從而把資料轉交到控權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 **實體/所持有的帳戶**，本人是控權人 / 本人獲控權人授權簽署本表格 #。

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 for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Controlling Person and any reportable account(s) may be reported by China Life Insurance (Overseas) Company Limited 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 Controlling Person 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 Controlling Person / I am authorized to sign for the Controlling Person # of all the account(s) held by the entity 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.

控權人簽署

Controlling Person's Signature

控權人姓名

Controlling Person's 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