



保單編號 Policy No.					

## 自我證明表格 – 個人 (保單服務適用) Self-Certification Form –Individual (For Policy Service Use)



## 重要須知 IMPORTANT NOTE

- 這是由保單持有人向中國人壽保險(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。This is a self-certification form provided by a Policyholder 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.
- 如保單持有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。A Policyholder should report all changes in his/her tax residency status to the Company.
- 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。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.

## 第一部分 個人保單持有人的身份識辨資料 Part 1 Identification Of Individual Policyholder

保單持有人在我們保單記錄的姓名、身份證明文件號碼、出生日期、出生國家/地、住址、通訊地址(如適用)將被視為閣下的自我證明一部份。如有需要更改通訊地址資料,請另遞交更改持有人通訊地址/ 聯絡電話 / 電郵地址申請表。Policyholder's Name, Identification Document Number, Date of Birth, Country/Place of Birth, Residential Address, and Correspondence Address (if applicable) of our policy records will be considered as your Self-Certification. If you would like to update the correspondence address, please fill in the Change of Owner Address / Telephone Numbers / Email Address) separately.

保單持有人的姓名 Name of Policyholder	稱謂 Title	口先生Mr	口太太Mrs	口女士Ms	□小姐Miss
姓氏 Surname	名字 Given Name and Middle Name				

## 第二部分 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)保單持有人的居留司法管轄區・亦即保單持有人的稅務管轄區(澳門包括在內)及(b)該居留司法管轄區發給保單持有人的稅務編號。列出**所有**(不限於 4 個)居留司法管轄區。如保單持有人是澳門稅務居民,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 Policyholder is a **resident for tax purposes** and (b) the Policyholder's TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence. If the Policyholder is a tax resident of Macau, the TIN is the Macau Identity Card No. If a TIN is unavailable, provide the appropriate reason A, B or C:

理由A Reason A	保單持有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 Policyholder is a resident for tax purposes does not issue TINs to its residents.					
理由B Reason B	保單持有人不能取得稅務編號。如選取這一理由,解釋保單持有人不能取得稅務編號的原因。					
	The Policyholder is unable to obtain a TIN. Explain why the Policyholder is unable to obtain a TIN if you have selected this reason.					
理由C Reason C	保單持有人毋須提供稅務編號。居留司法管轄區的主管機關不需要保單持有人披露稅務編號。					
	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·解釋保單持有人不能取得 稅務編號的原因 Explain why the Policyholder is unable to obtain a TIN if you have selected Reason B		
1. □ 澳門 Macau	口與澳門身分證號碼相同 Same as Macau ID No.				
2. □ 香港 Hong Kong	口與香港身分證號碼相同 Same as HK ID No.				
3. □ 中國 China	□ 與中國內地身分證號碼相同 Same as PRC ID No. □ 其他 ————————————————————————————————————				
料並可備存作自動交換報、從而把資料轉交到本人證明、就與本表格本人承諾、如情況有所改險(海外)股份有限公司、本人聲明就本人所知所I acknowledge and agree the exchange of financial accouthe financial institution to the another jurisdiction or jurisd information provided under I certify that I am the Policy I undertake to advise China identified in Part A of this fowith a suitably updated self-I declare that the informat	機構可根據第 5/2017 號法律《稅務信息交換法則務帳戶資料用途及(b)把該等資料和關於保證財務帳戶資料用途及(b)把該等資料和關於保證保單持有人的居留司法管轄區的稅務當局。所有相關的帳戶、本人是保單持有人/本人獲效變、以致影響本表格第 A 部所述的個人的稅務,並會在情況發生改變後 30 日內、向中國人壽保值、本表格內所填報的所有資料和聲明均屬真實 at (a) the information contained in this form is collected unt information, and (b) such information and information e Finance Services Bureau of the Government of the Midictions in which the Policyholder may be resident for tax the Inland Revenue Ordinance Law no. 5/2017 《Exchedider / I am authorized to sign for the Policyholder of all Life Insurance (Overseas) Company Limited of any charm or causes the information contained herein to become certification form within 30 days of such change in circuition given and statements made in this form are, to the substantial	保單持有人及任何須申報帳保單持有人授權簽署本表居民身份·或引致本表格險(海外)股份有限公司提實、正確和完備。 and may be kept by the finar in regarding the Policyholder a caco Special Administrative Repurposes, pursuant to the leange of Information Law》。If the account(s) to which this arige in circumstances which are incorrect, and to provide Clamstances.	展戶的資料向澳門特別行政區政府財政局电 長格。 所載的資料不正確,本人會通知中國人壽保 交一份已適當更新的自我證明表格。 Incial institution for the purpose of automatic and any reportable account(s) may be reported by degion and exchanged with the tax authorities of egal provisions for exchange of financial account form relates. affects the tax residency status of the individual hina Life Insurance (Overseas) Company Limited		
保單持有人/授權人簽署 Signature of Policyholder Authorized Person		身 份 * Capacity*			
保單持有人/授權人姓名 Name of Policyholder/ Au Person	thorized	日期 Date 年 Year	月 Month 日 Day		
*(如你不是第一部分部所		<b>」</b> 身份簽署這份表格,須			

(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.)

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