

要保書/保單編號
Application/Policy No.

自我證明表格 - 個人
Self-Certification Form - Individual

重要提示 Important Notes:

- 這是由(準)保單持有人/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(準)保單持有人/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 a (Proposed) Policyholder/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 Financial Services Bureau for transfer to the tax authority of another jurisdiction.
- A (Proposed) Policyholder/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 Financial Services Bureau.

第 1 部 個人(準)保單持有人/索償人的身份識別資料 Part 1 Identification of Individual (Proposed) Policyholder/Claimant

(對於聯名帳戶或多人聯名帳戶,每名個人帳戶持有人須分別填寫一份表格)
(For joint or multiple account holders, complete a separate form for each individual account holder.)

1. (準)保單持有人/索償人的姓名 Name of (Proposed) Policyholder/Claimant	先生 Mr. <input type="checkbox"/>	2. 出生地點: Place of Birth:	
	女士 Ms. <input type="checkbox"/>		
	姓氏 * Last Name or Surname*		鎮/城市 Town/City: _____
	名字 * First or Given Name * 中間名 Middle Name(s)		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. 通訊地址 Mailing Address (如通訊地址與現時住址不同,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
5. 出生日期 * Date of Birth *	(年 YYYY/月 MM/日 DD)	6. 澳門身份證或護照號碼 Macau Identity Card or Passport Number	

第 2 部 居留司法管轄區及稅務編號或具有等同功能的識別編號(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) (準)保單持有人/索償人的居留司法管轄區,亦即(準)保單持有人/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(準)保單持有人/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(準)保單持有人/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 (Proposed) Policyholder/Claimant is a **resident for tax purposes** and (b) the (Proposed) Policyholder/Claimant's TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence. If the (Proposed) Policyholder/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 Reason A	(準)保單持有人/索償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 (Proposed) Policyholder/Claimant is a resident for tax purposes does not issue TINs to its residents.
理由 B Reason B	(準)保單持有人/索償人不能取得稅務編號。如選取這一理由,解釋(準)保單持有人/索償人不能取得稅務編號的原因。 The (Proposed) Policyholder/Claimant is unable to obtain a TIN. Explain why the (Proposed) Policyholder/Claimant is unable to obtain a TIN if you have selected this reason.
理由 C Reason C	(準)保單持有人/索償人毋須提供稅務編號。居留司法管轄區的主管機關不需要(準)保單持有人/索償人披露稅務編號。 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(準)保單持有人/索償人不能取得稅務編號的原因 Explain why the (Proposed) Policyholder/Claimant is unable to obtain a TIN if you have selected Reason B
1.			
2.			

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(準)保單持有人/索償人不能取得稅務編號的原因 Explain why the (Proposed) Policyholder/Claimant is unable to obtain a TIN if you have selected Reason B
3.			
4.			
5.			

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

本人知悉及同意，財務機構可根據 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(準)保單持有人/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(準)保單持有人/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(準)保單持有人/索償人 / 本人獲(準)保單持有人/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 90 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 the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the (Proposed) Policyholder/Claimant and any reportable account(s) may be reported by the financial institution to the Financial 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 (Proposed) Policyholder/Claimant may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance Law no. 5/2017 《Exchange of Information Law》.

I certify that I am the (Proposed) Policyholder/Claimant / I am authorized to sign for the (Proposed) Policyholder/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 90 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.

(準)保單持有人/索償人簽署
(Proposed) Policyholder/Claimant's Signature

(準)保單持有人/索償人姓名
(Proposed) Policyholder/Claimant'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