

Self-Certification Form – Controlling Person

自我證明表格 - 控權人

Application No. 申請表編號

Important Notes 重要提示：

- This is a self-certification form provided by a controlling person to FWD Life (Hong Kong) Limited / FWD Life Assurance Company (Hong Kong) Limited (wherever applicable) ("FWD Assurance"), a reporting financial institution, for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.
這是由控權人向申報財務機構，即富衛人壽（香港）有限公司 / 富衛人壽保險（香港）有限公司（如適用）「富衛壽險」，提供的自我證明表格，以作自動交換財務帳戶資料用途。申報財務機構可把收集所得的資料交給稅務局，稅務局會將資料轉交到另一稅務管轄區的稅務當局。
- A controlling person should report all changes in his / her tax residency status to the reporting financial institution.
如控權人的稅務居民身分有所改變，應盡快將所有變更通知申報財務機構。
- 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 reporting financial institution to the Inland Revenue Department.
除不適用或特別註明外，必須填寫這份表格所有部分。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 (*) 的項目為申報財務機構須向稅務局申報的資料。
- Please see the IRD website for guidance on AEOL in Hong Kong: http://www.ird.gov.hk/eng/tax/dta_aeoi.htm
有關自動交換財務帳戶資料的指引，請參閱稅務局網頁：http://www.ird.gov.hk/chi/tax/dta_aeoi.htm

Part 1: Identification of Controlling Person 第一部：控權人身份識別資料

1	Name of Controlling Person 控權人姓名		
	Title 稱謂 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Ms 女士 <input type="checkbox"/> Miss 小姐		
	Last Name or Surname 姓氏 *	First or Given Name 名字 *	Middle Name(s) 中間名
2	Hong Kong Identity Card or Passport Number 香港身份證或護照號碼		
3	Current Residence Address 現時居住地址		
	Flat / Room 室	Floor 樓	Block 座
	Building / Estate 大廈 / 屋苑名稱		
	Street / Road 街道名稱		District / City 地區 / 城市 *
	Province / State 省 / 州	Country 國家 *	Post Code / Zip Code 郵政編號
4	Mailing Address (Complete if different to the current residence address) 通訊地址 (如通訊地址與現時居住地址不同，請填寫此欄)		
	Flat / Room 室	Floor 樓	Block 座
	Building / Estate 大廈 / 屋苑名稱		
	Street / Road 街道名稱		District / City 地區 / 城市
	Province / State 省 / 州	Country 國家	Post Code / Zip Code 郵政編號
5	Date of Birth * 出生日期		
	MM 月	DD 日	YY 年
6	Place of Birth (Not compulsory) 出生地點 (可不填寫)		
	Town / City 鎮 / 城市	Province / State 省 / 州	Country 國家



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Part 2: The Entity Account Holder(s) of which you are a controlling person 第二部：你作為控權人的實體帳戶持有人

Enter the name of the entity account holder of which you are a controlling person. (Note: An entity account holder is an entity which is a Policyowner or a proposed Policyowner)
填寫你作為控權人的實體帳戶持有人的名稱。(注：實體帳戶持有人即作為保單持有人或投保人(即建議保單持有人)的實體)

Entity 實體	Name of the Entity Account Holder 實體帳戶持有人的名稱
(1)	
(2)	
(3)	

Part 3: Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN") * 第三部：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」)

Complete the following table indicating
提供以下資料，列明

- (a) the jurisdiction of residence (including Hong Kong) where the controlling person is a **resident for tax purposes** and
控權人的居留司法管轄區，亦即**控權人的稅務管轄區**(香港包括在內)及
- (b) the controlling person's TIN for each jurisdiction indicated.
該居留司法管轄區發給控權人的稅務編號。

Indicate **all** (not restricted to five) the jurisdictions of residence.
列出**所有**(不限於5個)居留司法管轄區。

If the controlling person is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number.
如控權人為香港稅務居民，稅務編號是其香港身份證號。

If a TIN is unavailable, provide the appropriate reason A, B or C:
如沒有提供稅務編號，必須填寫合適的理由：

Reason 理由 A – The jurisdiction where the controlling person is a resident for tax purposes does not issue TINs to its residents.
控權人的居留司法稅務管轄區並沒有向其居民發出稅務編號。

Reason 理由 B – 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.
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。

Reason 理由 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.
帳戶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帳戶持有人披露稅務編號。

Jurisdiction of Residence 居留司法管轄區	Taxpayer Identification Number (TIN) 稅務編號	Enter Reason A, B or C if no TIN is available 如沒有提供稅務編號， 填寫理由 A、B 或 C	Explain why the account holder is unable to obtain a TIN if you have selected Reason B 如選擇理由 B，請在以下方框內解釋戶口持有人 不能取得稅務編號的原因

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Part 4: Type of Controlling Person 第四部：控權人類別

Tick the appropriate box to indicate the type of controlling person for each entity stated in Part 2.
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。

Type of Entity 實體類別	Type of Controlling Person 控權人類別	Entity (1) 公司 (1)	Entity (2) 公司 (2)	Entity (3) 公司 (3)
Legal Person 法人	Individual who has a controlling ownership interest (typically on the basis of a certain percentage) 擁有控制股權的個人 (典型地會按某個百分比為基準)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who exercises control / is entitled to exercise control through other means 以其他途徑行使控制權或有權行使控制權的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who holds the position of senior managing official / exercises ultimate control over the management of the entity 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust 信託	Settlor 財產授予人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee 受託人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protector or enforcer 保護人或執行人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beneficiary or member of the class of beneficiaries 受益人或某類別受益人的成員	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being the settlor / trustee / protector / enforcer / beneficiary) 其他 (例如：如財產授予人 / 受託人 / 保護人 / 執行人 / 受益人為另一實體，對該實體行使控制權的個人)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Arrangement other than Trust 除信託以外的 法律安排	Individual in a position equivalent / similar to settlor 處於相等 / 相類於財產授予人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent / similar to trustee 處於相等 / 相類於受託人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent / similar to protector or enforcer 處於相等 / 相類於保護人或執行人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent / similar to beneficiary or member of the class of beneficiaries 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being equivalent / similar to settlor / trustee / protector / enforcer / beneficiary) 其他 (例如：如處於相等 / 相類於財產授予人 / 受託人 / 保護人 / 執行人 / 受益人位置的人為另一實體，對該實體行使控制權的個人)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Part 5: Declarations and Signature 第五部：聲明及簽署

I acknowledge and agree that (i) 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, including but without limitation international agreements for the implementation of AEOI, and (ii) such information and information regarding the controlling person and any reportable account(s) may be reported by the financial institution to the Inland Revenue Department of the Government of the Hong Kong 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 Inland Revenue Ordinance (Cap.112).

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 account holder(s) to which this form relates.

I undertake to advise FWD Life (Hong Kong) Limited / FWD Life Assurance Company (Hong Kong) 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 FWD Life (Hong Kong) Limited / FWD Life Assurance Company (Hong Kong) 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.

本人知悉及同意，財務機構可根據《稅務條例》（第 112 章）有關交換財務帳戶資料的法律條文，(i) 收集本表格所載資料並可備存作自動交換財務帳戶資料（包括但不限於用以實施自動交換財務帳戶資料的國際協議）用途及 (ii) 把該等資料和關於控權人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，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帳戶持有人所持有的帳戶，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分，或引致本表格所載的資料不正確，本人會通知富衛人壽（香港）有限公司 / 富衛人壽保險（香港）有限公司，並會在情況發生改變後 30 日內，向富衛人壽（香港）有限公司 / 富衛人壽保險（香港）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。

Signature 簽署

_____/_____/_____
M 月 / D 日 Y 年
Sign Date 簽署日期

Name of signatory (in block letter)
簽署人姓名（請用正楷填寫）

Capacity in which declaration is made[®]
以上列身分作出聲明

[#] Delete as appropriate 刪去不適用者。

[®] Indicate the capacity if you are not the individual identified in Part I. If signing under a power of attorney, attach a certified copy of the power of attorney. 如閣下不是第 I 部所述的個人，請說明閣下的身份。如閣下是以受權人身份簽署這份表格，須夾附該授權書的核證副本。

WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000).

警告：根據《稅務條例》第 80(2E) 條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第 3 級（即 \$10,000）罰款。