

Application No. 申請表編號

Important Notes 重要提示:

- This is a self-certification form provided by a Policyowner or an applicant of insurance policy (i.e. proposed Policyowner) (“account holder”) 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 (“AEOI”). 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.
這是由保單持有人或投保人（即建議保單持有人）（「帳戶持有人」）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。
- An account holder should report all changes in his / her tax residency status to the reporting financial institution.
如帳戶持有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 AEOI 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 Entity Account Holder 第一部：實體帳戶持有人身份識別資料

1	Legal Name of Entity or Branch 實體或分支機構的法定名稱*
2	Jurisdiction of Incorporation or Organisation 實體成立為法團或設立所在的稅務管轄區
3	Hong Kong Business Registration Number 香港商業登記號碼
4	<p>Current Business Address 現時營業地址</p> <p>_____</p> <p>Flat / Room 室 Floor 樓 Block 座 Building / Estate 大廈 / 屋苑名稱</p> <p>_____</p> <p>Street / Road 街道名稱 District / City 地區 / 城市*</p> <p>_____</p> <p>Province / State 省 / 州 Country 國家* Post Code / Zip Code 郵政編號</p>
5	<p>Mailing Address (Complete if different to the current business address) 通訊地址 (如通訊地址與現時營業地址不同，請填寫此欄)</p> <p>_____</p> <p>Flat / Room 室 Floor 樓 Block 座 Building / Estate 大廈 / 屋苑名稱</p> <p>_____</p> <p>Street / Road 街道名稱 District / City 地區 / 城市</p> <p>_____</p> <p>Province / State 省 / 州 Country 國家 Post Code / Zip Code 郵政編號</p>

Part 2: Entity Type 第二部：實體類別

Tick one of the appropriate boxes and provide the relevant information.
在其中一個適當的方格內加上✓號，並提供有關資料。

1. Financial Institution 財務機構	<input type="checkbox"/> a) Custodial Institution, Depository Institution or Specified Insurance Company 託管機構、存款機構或指明保險公司
	<input type="checkbox"/> b) Investment Entity, except an investment entity that is managed by another financial institution (e.g. with discretion to manage the entity's assets) and located in a non-participating jurisdiction 投資實體，但不包括由另一財務機構管理（例如：擁有酌情權管理投資實體的資產）並位於非參與稅務管轄區的投資實體
2. Active NFE 主動非財務實體	<input type="checkbox"/> a) NFE the stock of which is regularly traded on _____, which is an established securities market 該非財務實體的股票經常在_____（一個具規模證券市場）進行買賣
	<input type="checkbox"/> b) Related entity of _____, the stock of which is regularly traded on _____, which is an established securities market _____的有關連實體，該有關連實體的股票經常在_____（一個具規模證券市場）進行買賣
	<input type="checkbox"/> c) NFE is a governmental entity, an international organization, a central bank, or an entity wholly owned by one or more of the foregoing entities 政府實體、國際組織、中央銀行或由前述的實體全權擁有的其他實體
	<input type="checkbox"/> d) Active NFE other than the above (Please specify _____) 除上述以外的主動非財務實體（請說明_____）
3. Passive NFE 被動非財務實體	<input type="checkbox"/> a) Investment entity that is managed by another financial institution and located in a non-participating jurisdiction 位於非參與稅務管轄區並由另一財務機構管理的投資實體
	<input type="checkbox"/> b) NFE that is not an active NFE 不屬主動非財務實體的非財務實體

Part 3 Controlling Persons (Complete this part if the entity account holder is a passive NFE)
第三部：控權人（如實體帳戶持有人是被動非財務實體，填寫此部）

Indicate the name of all controlling person(s) of the account holder in the table below. If no natural person exercises control over an entity which is a legal person, the controlling person will be the individual holding the position of senior managing official.

Complete **Self-Certification Form – Controlling Person** for each controlling person.

就帳戶持有人，填寫所有控權人的姓名在列表內。就法人實體，如行使控制權的並非自然人，控權人會是該法人實體的高級管理人員。

每一位控權人須分別填寫一份**自我證明表格 - 控權人**。

(1)	(5)
(2)	(6)
(3)	(7)
(4)	(8)

Part 4: Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”) *
第四部：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 account holder is a **resident for tax purposes** and 帳戶持有人的居留司法管轄區，亦即**帳戶持有人的稅務管轄區**（香港包括在內）及
- (b) the account holder’s TIN for each jurisdiction indicated.
該居留司法管轄區發給帳戶持有人的稅務編號。

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

If the account holder is a tax resident of Hong Kong, the TIN is the Hong Kong Business Registration Number.
如帳戶持有人為香港稅務居民，稅務編號是其香港商業登記號碼。

If the account holder is not a tax resident in any jurisdiction (e.g. fiscally transparent), indicate the jurisdiction in which its place of effective management is situated.
如果帳戶持有人並非任何稅務管轄區的稅務居民（例如：它是財政透明實體），填寫實際管理機構所在的稅務管轄區。

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 account holder is a resident for tax purposes does not issue TINs to its residents.
帳戶持有人的居留司法管轄區並沒有向其居民發出稅務編號。

Reason 理由 B – The account holder is unable to obtain a TIN.
Explain why the account holder is unable to obtain a TIN if you have selected this reason.
帳戶持有人不能取得稅務編號。
如選取這一理由，解釋帳戶持有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

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

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, including but without limitation international agreements for the implementation of AEOI, and (b) such information and information regarding the account holder 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 account holder 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 authorized to sign for the account holder of all the account(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 entity 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，(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(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(b) 把該等資料和關於帳戶持有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，從而把資料轉交到帳戶持有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，本人獲帳戶持有人授權簽署本表格。

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 of authorized signatory
獲授權簽署人

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

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

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

® e.g. director or officer of a company, partner of a partnership, trustee of a trust, etc.
例如公司的董事或高級人員，合夥公司之合夥人，信託之受託人等。

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。