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



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

Pai	t 1: Identification of Indiv	idual Accoun <sup>,</sup>	t Holder 第一部:個.	人帳戶持有人身份	識辨資料			
1	Name of Account Holder 帳戶持有人姓名							
	Title 稱謂	☑ Mrs 太太	□ Ms 女士 □ Miss	小姐				
	Last Name or Surname	 e 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	Bu	iilding / Estate 大廈 / 屋苑名稱			
	Street	/ Road 街道名稱	 District / City 地區 / 城		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 differ	ent to the current resi	dence address) 通訊地址(如题	<b>通訊地址與現時居住地址不同</b>	,請填寫此欄)			
	Flat / Room 室	Floor樓	Block 座	Bu	illding / Estate 大廈 / 屋苑名稱			
	Street / Road 街道名稱				District / City 地區 / 城市			
	Province / State 省	/州	Countr	y 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 /		Province / State 省	全/州 Country 國家			

FWD Life Assurance Company (Hong Kong) Limited 富衛人壽保險 (香港)有限公司

FWD Life (Hong Kong) Limited 富衛人壽 ( 香港 ) 有限公司

18/F., Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong 香港鰂魚涌英皇道 979 號太古坊德宏大廈 18 樓



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Part 2: Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN") \* 第二部: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」)

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 Identity Card Number.

如帳戶持有人為香港稅務居民,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 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稅務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

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#### Part 3: Declarations and Signature 第三部: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 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 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,(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,本人是帳戶持有人。

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。								
	M月/	D 目	Y年					
Signature of Account Holder 帳戶持有人簽署	Sign Date 簽署日期							
Name of Account Holder (in block letter) 帳戶持有人姓名(請用正楷填寫)								

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。