

Controlling Person Tax Residence Self-Certification Form

控權人稅務居住地自我申報證明書

(Applicable to Corporate Customers 適用於公司客戶)



Proposal No. / Policy No.

申請書編號 / 保單編號

CONFIDENTIAL 保密

CP

Name of Account Holder

帳戶持有人姓名

IMPORTANT NOTE 重要提示：

- Any changes or amendments in this form must be countersigned by the Controlling Person in full signature.
控權人必須在此表格內任何更改或修改的地方簽署作實。
- This is a self-certification form provided by a Controlling Person to 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。
- Please read instructions and glossary in below websites before completing the form: 填表前請先細閱以下連結之指引及定義摘要：**
http://www.ird.gov.hk/eng/tax/aeoi/self_cert.htm

Part I Identification of Controlling Person

第一部分 控權人身分識別資料

**This form cannot be treated as personal / contact information change request.
You should submit relevant form and supporting document to update existing record.
此表格不能被視為個人資料 / 聯絡資料更改申請。閣下應提交相關表格及證明文件以更新現有記錄。**

1. Name of Controlling Person 控權人姓名 (as shown on identity document 須與身份證明文件上之姓名相同)

Family Name 姓			
Given Name 名			
Name in Chinese 中文姓名			
2. HK Identity Card or Passport No. 香港身份證或護照號碼			
3. Date of Birth 出生日期	____ / ____ / ____ Day 日 Month 月 Year 年		
4. 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

5. Current Residential 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 省		_____ Country 國家	_____ Postal Code 郵政編號

6. Correspondence Address 通訊地址

Same as the above Controlling Person's Residential Address 與上述控權人居住地址相同

_____ 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 省		_____ Country 國家	_____ Postal Code 郵政編號



Part II Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”)
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」）

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) jurisdictions of residence.
 列出**所有**（不限於 5 個）居留司法管轄區。

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 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.
 控權人毋須提供稅務編號。居留司法管轄區的主管機關不需要控權人披露稅務編號。

1	Jurisdiction of Residence 居留司法管轄區	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
1			
2			
3			
4			
5			

Explain why the Controlling Person is unable to obtain a TIN if you have selected Reason B in corresponding line.
 如選擇理由 B，請於相對的欄位解釋控權人不能取得稅務編號的原因。

1	
2	
3	
4	
5	

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碼。

If the Controlling Person is a tax resident of China, the TIN is the China Identity Card Number.
 如控權人為中國稅務居民，稅務編號是其中國身份證號碼。

If the Controlling Person is a U.S. citizen, permanent resident (“Green Card” holder), or otherwise a U.S. tax resident, the TIN is the U.S. social security number.
 如果控權人為美國公民，永久居民（“綠咭”持有人），或美國稅務居民，稅務編號是其美國社會福利保障號碼。



Part III The Entity Account Holder (s) of which you are a Controlling Person
第三部分 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. 填寫閣下作為控權人的實體帳戶持有人的名稱。

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

Part IV Type of Controlling Person
第四部分 控權人類別

Tick the appropriate box to indicate the type of Controlling Person for each entity stated in Part III.
 就第三部所載的每個實體，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 實體 (1)	Entity 實體 (2)	Entity 實體 (3)
Legal Person 法人	1. Individual who has a controlling ownership interest (i.e. owning issued share capital of the partnership or trust entity, or more than 25% of issued share capital of a corporation entity) 擁有控制股權的個人（即擁有合夥企業或信託實體的已發行股本，或超過百分之二十五的企業實體已發行股本）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Individual who exercises control/is entitled to exercise control through other means (i.e. owning voting rights of the partnership or trust entity, or more than 25% of voting rights of a corporation entity) 以其他途徑行使控制權或有權行使控制權的個人（即擁有合夥企業或信託實體的表決權，或超過百分之二十五的企業實體表決權）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. 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	4. Settlor 財產授予人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Trustee 受託人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Protector 保護人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. 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"/>
	8. Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary) 其他（例如：如財產授予人 / 受託人 / 保護人 / 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	9. 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"/>
	10. 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"/>
	11. Individual in a position equivalent/similar to protector 處於相等 / 相類於保護人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12. 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"/>
	13. Other (e.g. individual who exercises control over another entity being equivalent/similar to settlor/trustee/protector/beneficiary) 其他（例如：如處於相等 / 相類於財產授予人 / 受託人 / 保護人 / 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"/>



Prudential Hong Kong Limited (referred to as "the Company", "our", "we", or "us" in this Part entitled 'Personal Information Collection Statement') may collect certain personal information, including without limitation your name, identity card number (and copy of identity card), passport number, contact information, family history, health and medical information and financial information ("Personal Information") from you when you apply for insurance or financial products and services from us, or when you apply to make changes to your policy, when you make a claim against a policy, or when you complete this form.

1. Purpose of Collection

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to verify your eligibility for insurance, financial or wealth management products and services; (d) to design and provide you with insurance, financial and related services and products; (e) to communicate with you; (f) to perform a policy review or needs analysis; (g) to conduct research and statistical analysis; and (h) to meet disclosure requirements imposed on us or any third parties mentioned in Section 2 below by law or regulatory authorities.

2. Classes of Transferees

We may disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other entities whose ultimate parent company is Prudential plc; (d) claims investigation companies; (e) third party administrators; (f) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business); (g) industry associations and federations; (h) medical bill review companies; (i) professional advisors; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions; (n) regulators and government agencies; (o) law enforcement agencies; (p) the Courts.

We may transfer your Personal Information in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements.

3. Consequence of failing to provide Personal Information

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the activities outlined at Section 1 above.

4. Access and Correction Rights

Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of any Personal Information that you provide to us. You may make such a request by writing to our Data Protection Officer at P.O. Box No. 28058, Gloucester Road Post Office, Hong Kong. In accordance with the Ordinance, we have the right to charge a reasonable fee for the processing of any Personal Information access request.

保誠保險有限公司（在題為「收集個人資料聲明」之本部分，簡稱「本公司」或「我們」）可能會於閣下向我們申請保險或金融產品及服務、申請更改保單、就保單提出索償、或填寫本表格時向閣下收集一些個人資料，包括但不限於閣下的姓名、身份證號碼（及身份證副本）、護照號碼、聯絡資料、家族歷史、健康和醫療資料，以及財務資料（以下簡稱「個人資料」）。

1. 收集資料之目的

我們可能會使用閣下的個人資料作下列用途：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 核實閣下申請保險、金融或財富管理產品及服務的資格；(d) 設計及為閣下提供保險、金融及相關的服務和產品；(e) 與閣下進行通訊；(f) 進行保單審查或需求分析；(g) 進行研究和統計分析；及 (h) 符合法律或監管當局向我們或在下述第二部分所列的第三方實施的披露要求。

2. 被資料轉交者的類別

為達到上述第一部分所列明之目的，我們可能會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 再保險公司；(c) 其他母公司為英國保誠集團的實體；(d) 索償調查公司；(e) 第三方管理人；(f) 第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商）；(g) 行業協會及聯會；(h) 醫療帳單審查公司；(i) 專業顧問；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構；(n) 監管機構及政府機構；(o) 執法機構；(p) 法院。

在有關影響到我們全部或重大部分業務的控制權、治理、結構和 / 或管理的交易時，或在必須符合適用的法律或監管要求下，我們可能會轉交閣下的個人資料。

3. 未能提供個人資料的影響

除非我們另有規定，否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料，我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

4. 查閱和更正的權利

根據《個人資料（私隱）條例》（「條例」），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲查閱或更正個人資料，請向我們的資料保護主任作出書面要求，地址是香港告士打道郵政局郵政信箱 28058 號。根據條例的規定，我們有權就處理查閱任何個人資料的要求，收取合理的費用。



Part VI Declaration and Signature
第六部分 聲明及簽署

I, the Controlling Person, 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, 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 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, the Controlling Person, am reminded that it is my sole responsibility to seek independent legal and / or tax advice on any such legal and / or tax consequences (in all applicable jurisdictions) before making this self-certification to Prudential Hong Kong Limited. I acknowledge and confirm that neither Prudential Hong Kong Limited nor anyone on the behalf of Prudential Hong Kong Limited has given me any legal and / or tax advice in that regard.

I, the Controlling Person, certify that I am the Controlling Person or I am authorized to sign for the Controlling Person of all the account(s) held by the entity Account Holder to which this form relates.

I, the Controlling Person, undertake to advise Prudential Hong Kong Limited of any change in circumstances which affects the tax residency status of the individual identified in Part I of this form or causes the information contained herein to become incorrect, and to provide Prudential Hong Kong Limited with a suitably updated self-certification form within 30 days of such change in circumstances.

I, the Controlling Person, 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，作為控權人，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用途及 (b) 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，作為控權人，知悉在向保誠保險有限公司提交自我申報證明書前，本人須全權負責就任何此法律及 / 或稅務後果（在所有適用的管轄範圍）尋求獨立法律及 / 或稅務諮詢。本人知悉及確認保誠保險有限公司或保誠保險有限公司的任何代表均沒有向本人在這方面提供任何法律及 / 或稅務諮詢。

本人，作為控權人，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，本人是控權人或本人獲控權人授權簽署本表格。

本人，作為控權人，承諾，如情況有所改變，以致影響本表格第 I 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，本人會通知保誠保險有限公司，並會在情況發生改變後 30 日內，向保誠保險有限公司提交一份已適當更新的自我證明表格。

本人，作為控權人，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。

_____/_____/_____
Day 日 Month 月 Year 年

Signature of Controlling Person
控權人簽署

Name of Controlling Person
控權人姓名

Note: Please 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.

註：如閣下不是第 I 部所述的個人，請說明閣下的身分。如果閣下是以授權人身分簽署這份表格，須夾附該授權書的核證副本。

Capacity in which declaration is made 以下列身分作出聲明：

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。

Please DO NOT sign on BLANK form. 請勿在空白表格上簽署。

