

保單編號
Policy Number

HKMCA Ref No.: _____

注意事項：

- 請以**正楷**填寫本表格並將已填妥之表格連同相關文件(如適用)提交至香港年金有限公司(「**香港年金公司**」)以下地址。
- 切勿在空白或尚未填妥之表格上簽署,或留空任何部分。
- 如有任何更改或修正,敬請在更改或修正的位置旁簽署作實。
- 如香港年金公司在簽署日期起計逾10天後收到閣下的表格,香港年金公司保留權利要求閣下簽署並提交新的表格。
- 保單持有人或其法定授權人(如適用)之簽署必須與香港年金公司之記錄相符。(如適用)
- 這是由閣下向香港年金公司提供的自我證明表格,以作稅務條例(第112章)下自動交換財務帳戶資料(「**AEOI**」)及美國海外帳戶稅收合規法案(「**FATCA**」)用途。香港年金公司可把收集所得的資料交給香港稅務局(「**稅務局**」),稅務局會將資料轉交到另一個司法管轄區的稅務當局或閣下的稅務司法管轄區的稅務當局。香港年金公司可把收集所得的資料交給美國國稅局(「**國稅局**」)。
- 如閣下的稅務居民身分有所改變,須盡快及不論任何情況下於**30天內**將所有變更通知香港年金公司。
- 除不適用或特別註明外,必須填寫此表格的所有部分。如此表格上的空位不夠應用,可另填寫於附頁。
- 如有任何查詢,歡迎透過以下途徑與我們聯絡:
 - 客戶服務熱線 : (852) 2512-5000
 - 客戶服務電郵 : cs@hkmca.hk
 - 地址 : 香港九龍觀塘偉業街180號 Two Harbour Square 19樓
 - 辦公時間 : 星期一至星期五,上午9時至下午6時
(公眾假期除外)

IMPORTANT NOTES :

- Please complete this form in **BLOCK LETTERS** and return the completed form with the relevant documents (if applicable) to HKMC Annuity Limited (“**HKMCA**”) at the address below.
- Do not sign on a blank or incomplete form or leave any space blank.
- Any changes or amendments should be counter-signed by you.
- If the form is received by the HKMCA after 10 days of the signing date, the HKMCA reserves the right to request you to sign and submit a new form.
- The signature(s) of the Policyowner or his/her Lawful Attorney (if applicable) in this form shall correspond to the record of the HKMCA. (if applicable)
- This is a self-certification form provided by you to the HKMCA for the purpose of Automatic Exchange of Financial Account Information (‘**AEOI**’) under the Inland Revenue Ordinance (Cap.112) and the U.S. Foreign Account Tax Compliance Act (‘**FATCA**’). The data collected may be transmitted by the HKMCA to the Hong Kong Inland Revenue Department (‘**IRD**’) for transfer to the tax authority of another jurisdiction or jurisdictions in which you are resident for tax purposes. The data collected may be transmitted by the HKMCA to the U.S. Internal Revenue Service (‘**IRS**’).
- You must report all changes in your tax residency status to the HKMCA within a reasonable period of time, and in any event, within 30 calendar days from such change(s).
- All parts of the form must be completed (unless not applicable or otherwise specified). Please continue on additional sheet(s) if space provided is insufficient.
- If you have any enquiries, please contact us through the following channels:
 - Customer Service Hotline : (852) 2512-5000
 - Customer Service Email : cs@hkmca.hk
 - Address : 19/F, Two Harbour Square
180 Wai Yip Street, Kwun Tong
Kowloon, Hong Kong
 - Office Hours : Monday to Friday, 9 a.m. to 6 p.m.
(except public holiday)



SELF CERT

第一部分 身份識辨資料
PART I IDENTIFICATION INFORMATION

<p>1. 姓名 Name</p>	<p>稱謂 (先生/太太/女士/小姐) 姓 Last Name or Surname Title (Mr/Mrs/Ms/Miss)</p> <hr/> <p>名字 First or Given Name 中間名 Middle Name(s)</p>		
<p>2. 出生地點 (城市及國家) Place of Birth (City and Country)</p>	<p>城市 國家/地區 City Country/Territory</p>		
<p>3. 國籍/公民身分 Nationality/Citizenship</p> <p>(如多於一個國籍/公民身分, 請註明所有國籍/公民身分) (For more than one nationality/citizenship, please specify all nationalities/citizenships)</p>			
<p>4. 住宅地址 Residential Address</p> <p>(請盡量以英文填寫) (Please complete in English if available)</p>	<p>城市 國家/地區 郵政編碼/郵遞區號碼 City Country/Territory Post Code/Zip Code</p>		
<p>5. 通訊地址 Mailing Address</p> <p>* (若與現時住宅地址不同, 請填寫此欄) (Please complete if different to the current residential address)</p> <p>* (請盡量以英文填寫) (Please complete in English if available)</p>	<p>城市 國家/地區 郵政編碼/郵遞區號碼 City Country/Territory Post Code/Zip Code</p>		
<p>6. 出生日期 Date of Birth</p>	<p>____ / ____ / ____ 日 DD 月 MM 年 YYYY</p>		
<p>7. 身份證明文件類別及號碼 Identification Document Types and Number</p>	<p><input type="checkbox"/> 香港身份證 Hong Kong Identity Card</p> <p><input type="checkbox"/> 護照 Passport : 國家 Country _____</p> <p><input type="checkbox"/> 其他認可身分證明文件 (請註明) Other Official Identification Document (please specify) _____</p> <p>號碼 Number _____</p>		

第二部分 稅務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」)
PART II JURISDICTION OF TAX RESIDENCE AND TAXPAYER IDENTIFICATION NUMBER OR ITS FUNCTIONAL EQUIVALENT ("TIN")

請在下表列明(a)閣下的所有稅務居留司法管轄區(香港包括在內),亦即閣下在該稅務管轄區有繳稅責任及(b)該稅務居留司法管轄區發給閣下的稅務編號。列出所有(不限於3個)居留司法管轄區。

如閣下是香港稅務居民,請填寫閣下的香港身份證號碼作為閣下的稅務編號(「稅務編號」)。

如沒有提供稅務編號,必須在以下A、B、C三項中選取合適的理由:

Please complete the following table indicating (a) ALL of the jurisdiction(s) of residence (including Hong Kong) where you are resident for tax purposes and (b) your TIN for each jurisdiction indicated. Indicate all (not restricted to three) jurisdictions of residence.

If you are a tax resident of Hong Kong, please fill in your HKID number as your Tax Identification Number ('TIN').

If a TIN is unavailable, provide the appropriate reason A, B or C where indicated below:

理由A Reason A	閣下所屬的稅務居留司法管轄區並沒有向其稅務居民發出稅務編號。 The jurisdiction where you are resident for tax purposes does not issue TINs to its residents.
理由B Reason B	閣下無法取得稅務編號。(如選取這一理由,請於下表加以解釋閣下無法取得稅務編號的原因。) You are unable to obtain a TIN. (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason.)
理由C Reason C	閣下毋須提供稅務編號。(適用於有關之稅務居留司法管轄區的主管機關不需要閣下披露稅務編號。) TIN is not required. (Please select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.)

稅務居留司法管轄區 Jurisdiction of Tax Residence	稅務編號 TIN	如沒有提供稅務編號,請填寫理由A、B或C Enter Reason A, B or C if no TIN is available	如選取理由B,請解釋閣下不能取得稅務編號的原因 Explain why you are unable to obtain a TIN if Reason B is selected

第三部分 聲明及簽署
PART III DECLARATIONS AND SIGNATURES

本人在願受作假證供的懲處下聲明本人已查閱此表格的所有資料及就本人所知所信，本表格的所有資料均屬真實、正確及完備。本人在願受作假證供的懲處下進一步作出以下聲明：

本人知悉及同意，香港年金公司可根據稅務條例（第112章）下AEOI的法律條文，(a)收集本表格所載資料並可備存作AEOI及FATCA用途及(b)把該等資料和關於本人及任何須申報帳戶的資料向香港稅務局申報，從而把資料轉交到本人的稅務居留司法管轄區的稅務當局及(c)把該等資料和關於本人及任何須申報帳戶的資料向美國國稅局申報。

本人是帳戶持有人／本人獲帳戶持有人授權簽署（刪去不適用者）與本表格有關之帳戶。

本人承諾，如情況有所改變，以致影響本表格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，本人會通知香港年金公司，並會在情況發生改變後30日內，向香港年金公司提交一份已適當更新的自我證明表格。

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. I further certify under penalties of perjury that:

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the HKMCA for the purpose of AEOI and FATCA, (b) such information and information regarding me and any reportable account(s) may be reported by the HKMCA to the Hong Kong IRD and exchanged with the tax authorities of another jurisdiction or jurisdictions in which I may be resident for tax purposes, pursuant to the legal provisions for AEOI under the Inland Revenue Ordinance (Cap.112) and (c) such information regarding me and any reportable account(s) may be reported by the HKMCA to the U.S. IRS.

I am the account holder/I am authorized to sign for the account holder (delete as appropriate) of the account to which this form relates.

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

SIGN 

簽署
Signature

姓名
Name

日期（日／月／年）
Date (DD/MM/YYYY)

身分
Capacity

（如你不是第一部所述的個人，說明你的身分。如果你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。）
(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.)

第三部分 聲明及簽署 (續)
PART III DECLARATIONS AND SIGNATURES (CON'T)

如閣下或閣下的法定授權代表以圖章蓋印或指紋作簽署，必須由一名見證人見證下簽署本表格。

Where you or your Lawful Attorney uses name chop or fingerprint as signature, a Witness is required to witness the signing of this form.

收集個人資料聲明 (見證人用)

- 閣下所提供的個人資料僅用作核實閣下之見證人身分及記錄保存之用；該等資料並不會用作直接促銷或向任何其他第三者披露或轉移。
- 閣下有權向香港年金公司要求查閱或更正閣下的個人資料。有關要求可以書面形式送至香港九龍柯士甸道西一號環球貿易廣場65樓，向按揭證券公司集團的個人資料保障主任提出。

Personal Information Collection Statement (for Witness only)

- Personal data provided by you is required to enable us to verify your identity as a Witness and also for record keeping only; your data will **NOT** be used for direct marketing or disclosed or transferred to any other third party.
- You have the right to request access to and correction of your personal data held by the HKMCA. Your request can be made in writing to the Data Protection Officer of the HKMC Group at Level 65, International Commerce Centre, 1 Austin Road West, Kowloon, Hong Kong.

SIGN 

見證人簽署 (如適用)

Signature of Witness (if applicable)

見證人姓名 (如適用)

Name of Witness (if applicable)

日期 (日/月/年)

Date (DD/MM/YYYY)

見證人與帳戶持有人/
法定授權代表的關係

Relationship between Witness and Account
Holder/Lawful Attorney

身份證明文件類別

Type of Identification Document

身份證明文件號碼

Identification Document Number

親屬 Relative

朋友 Friend

其他，請註明 Other, please specify

香港身份證 Hong Kong Identity Card

護照 Passport

其他 Other _____

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。

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).