

# Individual Tax Residence Self-Certification Form 個人稅務居住地自我申報證明書

Policy No.  
保單編號

CONFIDENTIAL 保密

CRS

## IMPORTANT NOTE 重要提示：

- Any changes or amendments in this form must be countersigned by the Account Holder (in general includes policyowner, collateral assignee and beneficiary) in full signature. 帳戶持有人(一般包括保單持有人, 抵押轉讓之承讓人及受益人)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 Account Holder 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. 這是帳戶持有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。
- This form is only applicable to issued policy. For new application, please use Supplementary Information Form (SIF) to supplement CRS related Information if required. 此表格只適用於已簽發之保單。如需要向新投保申請補充共同匯報標準之相關資料, 請使用補充資料表格(SIF)。
- 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。
- 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](http://www.ird.gov.hk/eng/tax/aeoi/self_cert.htm)

## Part I Identification of Individual Account Holder

### 第一部分 個人帳戶持有人身分識別資料

Questions 1-4 are mandatory. 必須回答以下問題1-4。

#### 1. Name of Account Holder 帳戶持有人姓名 (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			
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

Question 4 and 5: 問題 4 及 5：

- Our company will update existing record according to the addresses declared below. (This item is not applicable to those selected "individual correspondence address for specific policy") 本公司將根據下列申報之地址更新現有記錄。(此項不適用於已選擇「個別保單獨立通訊地址」)
- Any addresses declared in this form will be applied to all life insurance policies in respect of the above-named Account Holder. 在此表格上申報之地址, 將應用於上述之帳戶持有人名下的所有人壽保單。
- For change of contact details, confirmation letter will be sent to the latest correspondence address in our record. 如更新聯絡資料, 確認函將郵寄至本公司記錄中最新的通訊地址。
- Correspondence address cannot be the Financial Consultant's office address, unless the Account Holder is an employee or Financial Consultant of Prudential. 除非帳戶持有人是保誠之員工或顧問, 不得使用顧問之公司地址作為通訊地址。

#### 4. 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	

#### 5. Correspondence Address 通訊地址

If the correspondence address is the same as residential address, please skip this question. 如通訊地址與居住地址相同, 則無須回答此問題。

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 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		TIN <sup>#</sup> 稅務編號 <sup>#</sup>	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 Account Holder 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帳戶持有人不能取得稅務編號的原因。

1	
2	
3	
4	
5	

<sup>#</sup> 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碼。

If the Account Holder is a tax resident of China, the TIN is the China Identity Card Number.  
 如帳戶持有人為中國稅務居民，稅務編號是其中國身份證號碼。

If the Account Holder 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.  
 如果帳戶持有人為美國公民，永久居民（“綠卡”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 Personal Information Collection Statement**  
**第三部分 收集個人資料聲明**

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, or when you make a claim against a policy. We may also collect Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical personnel, credit reporting agencies, courts or public records.

**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 process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related services and products; (f) to communicate with you; (g) to provide you with promotional materials relating to insurance or financial services or related wealth management products of the Company, and those of other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group") or partnering financial institutions; (h) to perform a policy review or needs analysis; (i) to conduct research and statistical analysis; and (j) 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 companies within the Prudential Group; (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 name, contact information and information about the products you have purchased (including the sales channel from which such products were purchased) to other companies within the Prudential Group, and other partnering financial institutions, for the purpose of providing you with promotional materials relating to those entities' insurance or financial services or related wealth management products. However, we will not disclose your Personal Information to any other third parties for direct marketing purposes without your consent.

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.

**Opting-out Marketing Communications or Materials**

We intend to send you marketing communications or materials (as set out in the above Personal Information Collection Statement), but we cannot do so without your consent. In the event that you do not wish to receive such marketing communications or materials, please let us know by checking the box below, and returning the form to us in person at our Customer Service Center or by post at P.O. Box No. 28058, Gloucester Road Post Office, Hong Kong.

☐ Opt-out Marketing Communications or Materials

The Account Holder hereby confirm understanding of and agreement to the contents in this Part entitled "Personal Information Collection Statement".

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) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 為閣下提供關於本公司以及其他母公司為英國保誠集團的實體（「保誠集團內的公司」）或夥伴金融機構的保險或金融服務或相關的財富管理產品的推廣材料；(h) 進行保單審查或需求分析；(i) 進行研究和統計分析；及 (j) 符合法律或監管當局向我們或在上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) 其他保誠集團內的公司；(d) 索償調查公司；(e) 第三方案理人；(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。

我們可能將閣下的姓名、聯絡資料和閣下已購買的產品資料（包括購買該等產品的銷售渠道），轉交其他保誠集團內的公司及其他夥伴金融機構，以向閣下提供有關這些實體的保險、金融服務或相關的財富管理產品的有關推廣材料。然而，我們不會未經閣下的同意，向任何其他第三方透露閣下的個人資料作直接促銷用途。

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。

**拒絕接受促銷信息或資料**

我們有意向閣下發送（載於上述收集個人資料聲明的）促銷信息或資料，但未經閣下的同意，我們不能這樣做。假若閣下不希望收到該等促銷信息或資料，請在以下方格上填「✓」號以讓我們知道閣下的意向，並請親身交回本表格至我們的客戶服務中心或郵遞本表格至香港告士打道郵政局郵政信箱 28058 號。

☐ 拒絕接受促銷信息或資料

帳戶持有人特此確認明白並同意在題為「收集個人資料聲明」之本部分中的內容。



**Part IV Declaration and Signature**  
**第四部分 聲明及簽署**

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

I, the Account Holder, 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 Account Holder, hereby request that my policy(ies) be changed in accordance with the particulars set out in this form and I understand and agree that such changes or services will not take effect unless (1) any required documents and payments are submitted in full and (2) the request is duly approved by Prudential.

**I, the Account Holder, 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，作為帳戶持有人，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，作為帳戶持有人，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，作為帳戶持有人，證明，就與本表格所有相關的帳戶，本人是帳戶持有人或本人獲帳戶持有人授權簽署本表格。

本人，作為帳戶持有人，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，作為帳戶持有人，謹此要求本人之保單依照此表格之資料作出修改，而本人已明白及同意上述之修改或服務將不會生效直至 (1) 所有有關文件及款項收妥及 (2) 此申請是經保誠批核後方可作實。

**本人，作為帳戶持有人，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 Account Holder  
帳戶持有人簽署

\_\_\_\_\_  
Name of Account Holder  
帳戶持有人姓名

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。**

