

金融帳戶信息的通用報送標準  
Common Reporting Standard (CRS)

自證證明表格 - 個人 Self-Certification Form - Individual				
1	個人帳戶持有人的身份識別資料 Identification of Individual Account Holder			
先生 Mr. <input type="checkbox"/> 女士 Mrs. <input type="checkbox"/>	CHAN 英語姓氏 Family Name or Surname(s)		TAI MAN 英語名字 First or Given Name(s)	 英語中間名(如有)Middle Name(s)(if any)
出生日期 Date of Birth	16 / 7 / 1970 (日 dd / 月 mm / 年 yyyy)	出生地點 Place of Birth	MACAU (根據實際情況填寫) 城市 City	CHINA (根據實際情況填寫) 國家 Country
2	個人帳戶持有人的地址資料 Address of Individual Account Holder			
2.1	現時住址 Current Residence Address			
第1行 (街道、門牌、大廈、樓層、室) (根據現時住址填寫, 請盡量以葡文或英文填寫) Line 1: (Street, N.º, Building., Floor, Suite)				
第2行 (城市) (根據現時住址填寫, 請盡量以葡文或英文填寫) Line 2: (City)				
第3行 (省、州) (根據現時住址填寫, 請盡量以葡文或英文填寫) Line 3: (Province, State)				
國家 Country		(根據現時住址填寫, 請盡量以葡文或英文填寫)	郵政編碼/郵遞區號碼 Postal Code/ZIP Code	(根據現時情況填寫)
2.2	通訊地址 (如通訊地址與現時住址不同, 填寫此欄) Mailing Address (If there is a difference between the mailing address and the current address, please fill in this column)			
第1行 (街道、門牌、大廈、樓層、室) Line 1: (Street, N.º, Building., Floor, Suite)				
第2行 (城市) Line 2: (City)				
第3行 (省、州) Line 3: (Province, State)				
國家 Country			郵政編碼/郵遞區號碼 Postal Code ZIP Code	
3	常居地的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」) Jurisdiction of Residence and Taxpayer Identification Number or Functional Equivalent Number("TIN")			
提供以下資料, 列明(a)帳戶持有人的常居地的司法管轄區(澳門特別行政區包括在內)及(b)該常居地的司法管轄區發給帳戶持有人的稅務編號。 Please complete the following table, indicating (a) the jurisdiction of residence (including Macao SAR) of the Account Holder and (b) the Account Holder's TIN for each jurisdiction indicated. 如帳戶持有人的常居地的司法管轄區多於3個, 可另紙填寫。 If the Account Holder has more than three jurisdictions of residence, please use a separate sheet. 如帳戶持有人在澳門特別行政區有納稅義務, 稅務編號是其納稅人編號或澳門特別行政區居民身份證編號。 If the Account Holder has tax obligation in the Macao SAR, the TIN is the taxpayer number or the Macao SAR resident identity card number. 如沒有提供稅務編號, 必須填寫合適的理由: If a TIN is unavailable, please provide the appropriate reason: 理由A - 帳戶持有人的常居地的司法管轄區並沒有向其居民發出稅務編號。 Reason A - The jurisdiction of residence where the Account Holder is a resident for tax purposes does not issue TINs to its residents. 理由B - 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 B - The Account Holder is unable to obtain a TIN. Please explain why the Account Holder is unable to obtain a TIN in below table if you have selected this reason. 理由C - 帳戶持有人毋須提供稅務編號。常居地的司法管轄區的主管機關不需要帳戶持有人披露稅務編號。 Reason 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.				
常居地的司法管轄區 Jurisdiction of residence	稅務編號 TIN	如沒有提供稅務編號, 填寫理由A、B 或 C If no TIN available, enter reason A, B or C	如選取理由B, 解釋您不能取得稅務編號的原因 Explain why you are unable to obtain a TIN if you have selected Reason B	
(1) MACAU	XXXXXXXX			
(2) HONG KONG (如有)	XXXXXXXX			
(3) Canada (如有)	XXXXXXXXXXXX			

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聲明及簽署

Declarations and Signature

本人明白，本人提供的資料適用於帳戶持有人與工銀(澳門)退休基金管理股份有限公司關係的所有條款及細則的規範，當中列明工銀(澳門)退休基金管理股份有限公司可如何使用及分享由本人所提供的資料。

I understand that the information provided by me is covered by the full provisions of the terms and conditions governing the relationship between the Account Holder and ICBC (Macau) Pension Fund Management Company Limited, in which it is specified as ICBC (Macau) Pension Fund Management Company Limited may use and share the information provided by me.

本人知悉本表格所載資料和關於帳戶持有人及任何須申報帳戶的資料將向澳門特別行政區政府財政局申報，而有關資料將按照金融帳戶信息交換協定，被轉交到帳戶持有人所屬的常居地的司法管轄區的稅務當局。

I acknowledge that the information contained in this form and the information regarding the Account Holder and any Reportable Account(s) may be reported to the Macao SAR Financial Services Bureau and exchanged with tax authorities of such jurisdictions of residence of the Account Holder, pursuant to agreements for exchange financial account information.

本人證明，就與本表格所有相關的帳戶，本人是 ☐ 帳戶持有人 ☐ 本人獲帳戶持有人授權簽署本表。

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

本人承諾，如情況有所改變，以致影響本表格所述的個人稅務居民身份，或引致本表格所載的資料不正確，本人會通知工銀(澳門)退休基金管理股份有限公司，並會在情況發生改變後的30日內，向工銀(澳門)退休基金管理股份有限公司提交一份已適當更新的自證證明表格。

I undertake to advise ICBC (Macau) Pension Fund Management Company Limited 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 ICBC (Macau) Pension Fund Management Company Limited with a suitably updated self-certification form within 30 days of such change in circumstances.

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。

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.

簽署

Signature \_\_\_\_\_

日期 \_\_\_\_\_  
Date ( dd / mm / yyyy )

注意Note：

如你不是帳戶持有人，請說明你的身份。

If you are not the Account Holder, please indicate the capacity in which you are signing the form.

姓名

Name \_\_\_\_\_

身份

Capacity \_\_\_\_\_

如果你是以被授權人身份簽署本表格，須附同該授權書的認證副本。

If you are signing under a power of attorney, please attach a certified copy of the power of attorney.