

中国工商银行代理中国工商银行（美国）

开户见证业务协议（与客户签署）

经甲方（客户）与乙方（中国工商银行 XXX 分/支行）协商一致，就乙方代中国工商银行（美国）（以下简称“工银美国”）为甲方办理开户见证业务达成如下协议：

一、 甲方自愿申请使用乙方提供的代理工银美国开户见证业务相关服务，并同意遵守本协议的各项约定。

二、 基本规定

- （一） 代理工银美国开户见证业务是指乙方审核甲方提供的在工银美国开户所需资料，对甲方所提交的开户资料及甲方签名提供见证服务。
- （二） 乙方仅为甲方在工银美国开户所提供申请资料的完整性提供见证服务。甲方的账户开立在工银美国，在使用账户过程中产生的问题，由工银美国负责与甲方协商解决。
- （三） 甲方在工银美国开立的是存款支票账户。
- （四） 甲方同意将本人办理上述账户开户的个人开户信息和申请资料由乙方传递或邮寄给工银美国。

三、 代工银美国开户见证业务的办理

- （一） 甲方确定，在办理代工银美国开户见证业务前已经阅读并明白适用于工银美国开立账户的条款，包括个人账户条款、网上银行条款以及银行服务收费条款，并同意接受上述条款的约束。
- （二） 甲方需向乙方提供本人有效身份证件、护照、签证或签证办理证明，以及乙方要求提供的其他办理开户见证业务所需资料，并承诺所提供的资料真实、有效，如有伪造、欺诈需自行承担相关法律责任。甲方只能为本人办理开户见证业务，不得代他人办理本业务。
- （三） 乙方将为甲方所提供的账户申请资料及签名提供开户见证服务，并及时将相关开户信息和申请资料传递或邮寄给工银美国。在开户过程中如出现任何问题，工银美国可在乙方的协助下直接与甲方交流。
- （四） 甲方可通过乙方申请在工银美国开立存款支票账户、申领借记卡、支票簿等服务，工银美国审核后为甲方开立账户。客户开户确认书由工银美国直接发电子邮件给客户。甲方抵达美国后，应确保相关账户要求的资金到账后前往工银美国网点领取借记卡、支票簿（如申请，正式支票本有费用），或者甲方联系工银美国网点更新在美地址后，由工银美国相关人员寄送至甲方提供的美国地址。
- （五） 甲方知悉工银美国对其开户申请具有独立的审核和最终决定权，乙方对甲方是否可以在工银美国成功开户不承担任何法律责任。
- （六） 客户应在开户成功后30天内向该账户汇款，否则工银美国将询问客户原因，并保留关闭该账户的权利。

四、 代工银美国开户见证业务项下相关业务的办理

- （一） 账户成功开立以后，乙方见证开户的职责已完成。甲方可自行登录工银美国的网址注册网上银行。如有任何账户相关的问题，甲方应直接与工银美国联系。
- （二） 甲方办理已开立账户的撤销（关户），应本人直接与工银美国联系。

五、 代工银美国开户见证业务相关费用收取

甲方向乙方申请办理工银美国开户见证业务时，需向乙方交纳见证手续费人民币贰佰元。开户申请受理后需经工银美国审核，无论账户开通与否，见证手续费都不予退回。此费用不包括工银美国根据自身规定向甲方收取的与其提供服务相关的费用。

六、 本协议未尽事宜，由甲乙双方协商解决，协商不成的，在乙方所在地法院诉讼解决。本协议适用中华人民共和国法律。

七、 本协议自甲乙双方签字或盖章之日起生效，本协议壹式贰份，甲乙双方各执壹份，具有同等法律效力

甲方（业务申请人签名）：

乙方（经办机构）签章：

日期：

日期：

Account Holder Information 账户持有人个人信息		
Surname 姓:	First / Middle Name 名:	Date of Birth (YYYY/MM/DD): 生日 (年/月/日):
Nationality 国籍: <input type="checkbox"/> Chinese 中国 <input type="checkbox"/> Other 其他: _____	Occupation 职业: <input type="checkbox"/> Employed 受雇 <input type="checkbox"/> Other 其他: _____	Mother's Maiden Name (for Security Verification): 母亲姓氏 (常用于安全验证):
ID Card 身份证号码:	Place of Issue 签发地点:	Expiry Date 有效日期:
Passport 护照号码:	Place of Issue 签发地点:	Expiry Date 有效日期:
Contact Number 联系电话:	Email 电子邮件: <small>(避免使用163.com,126.com,outlook and QQ邮箱, 建议Gmail or Hotmail 邮箱)</small>	
Current Residential Address 现居住地址: 需与身份证地址一致 (格式: 房间号、门牌号、小区名 (如有)、街道、区)		
City 城市	Province 省	Postal Code 邮编
US Mailing Address 美国邮寄地址: 需提供有效美国地址证明, 如租房合同、学校出具的宿舍地址确认信函/邮件、水电网络账单等		
City 城市	Province 省	Postal Code 邮编
Working Information 工作信息		
Employer Name 雇主名称:	Employer Address 雇主地址:	Social Security Number (SSN) 社会安全号: <input type="checkbox"/> Yes 是, SSN #: _____ <input type="checkbox"/> No 否
Annual Income \$ 年收入 (美元):	Employer Business Phone 雇主办公电话:	
Is this account holder or his/her immediate family members or close associate a current or former senior foreign political person (PEP)? (If yes, please provide the name, occupation, country of residence of the political person, and the relationship between the holder and the political person) 以上账户持有人或其直系家庭成员或亲朋好友是否为政界人士(在职或离职)? (如是, 请提供政界人士的名字, 职位, 居住国家, 和户主的关系)		
<input type="checkbox"/> Yes 是 (<input type="checkbox"/> Current 在职 <input type="checkbox"/> Former 离职) <input type="checkbox"/> No 否		
Account Related Information 账户相关信息		
Purpose of Account 开户目的: <input type="checkbox"/> Work 工作 <input type="checkbox"/> Other, please specify 其他, 请说明: _____		
Debit Card 借记卡服务: I apply for the Debit Card and use the account applied for in this form as the primary account of the debit card 本人申请借记卡, 并将依据本申请书开立的账户作为该借记卡的基本账户。 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Notes: Debit card can be picked up or will be sent to you upon receiving your U.S. mailing address and initial funds of \$1700. Proof of U.S. mailing address is required. 备注: 借记卡会在收到您的美国邮寄地址和1700美元初始汇款时方可领取或寄送。 要求提供美国邮寄地址证明,如租房合同、水电网账单、其他银行对账单等。 <input type="checkbox"/> You can instruct non-financial transactions via email after authentication. e.g. Personal information update. 在确认身份的前提下, 您可以通过发送邮件操作非金融交易, 如更新个人信息。 <input type="checkbox"/> I acknowledge that the Personal Checking Account (includes Debit Card) is intended to meet your financial needs while working in the United States. The Account benefits and services are intended solely for you. The Account may not be used for the benefit of others. The Bank reserves the right to terminate the account at any time in the event the Bank determines that the account is being used for the benefit of others. 本人知晓工银美国个人支票账户 (包括借记卡) 旨在服务您于美国工作期间的金融需要, 账户享有的权益和优惠只适用于您本人, 不适用于他人。 一旦发现账户用来协助他人享受银行优惠, 我们保留随时终止此账户的权利。		

Source of Fund Questionnaire 资金来源调查表

Source of funds expected to flow in the account 预计的账户资金流来源

Salary income (工资收入)

Business or investment proceeds (生意或投资收益)

Gifts from family members and friends (家人好友馈赠)

Others (Please specify) 其他 (请说明) :

Account Transaction Survey (Estimated) If you cannot provide the monthly activity, please provide the annual activity. 账户交易调查表(预计)

Type of transaction 交易类别	Total amount per month or per year 月或年交易总额	Annual Frequency (times) 交易次数
<input type="checkbox"/> Incoming Wires 电汇 - 进		<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> ≥50
<input type="checkbox"/> Outgoing Wires 电汇 - 出		<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> ≥50
<input type="checkbox"/> Other Credits (e.g. cash, check, ACHs) 其他进账业务 (例如现金, 支票, 自动转账)		<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> ≥50
<input type="checkbox"/> Other Debits (e.g. cash, check, ACHs) 其他出账 (例如现金, 支票, 自动转账)		<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> ≥50

The anticipated international wire remitter 国际汇款人信息* 1

Remitter Name 汇款人姓名:	Relationship with the applicant 与申请人的关系:	Annual Income \$ 年收入 (美元) :
Remitter's Employer 汇款人工作单位:	Remitter's Job Title 汇款人职位:	

The anticipated international wire remitter 国际汇款人信息* 2

Remitter Name 汇款人姓名:	Relationship with the applicant 与申请人的关系:	Annual Income \$ 年收入 (美元) :
Remitter's Employer 汇款人工作单位:	Remitter's Job Title 汇款人职位:	

***Note: if you have more than 2 remitters, please attach additional sheets to this questionnaire 如汇款人多于两位, 请在此调查表后附加额外的信息**

Purpose of Incoming International Wire Transfers 国际汇款 (汇入) 目的:

Living Expenses 生活费 Other, please specify其他, 请具体说明:

Declaration & Signature 声明和签名: The version in Chinese is for reference only 一切条款以英文版本为准,中文版本仅供参考

1.I acknowledge receipt of and have read and agreed to the Agreement and the Terms and Conditions for the accounts and services requested, and that the same terms and conditions and signature requirements will apply to any additional accounts that I may subsequently apply for and establish with Industrial and Commercial Bank of China (U.S.A.) ("the Bank");
我确认已收到、阅读并同意有关账户服务协议和条款,并在后续开立的账户中也遵守该协议和条款及签字要求。

2.I acknowledge receipt of the Schedule of Charges of the Bank; 我确认已收到银行服务费用表

3.I declare all information provided is true and correct and agree to inform the Bank of any changes in the personal information provided;
我声明所提供的信息正确且真实,并同意向银行提供最新的个人信息。

4.I agreed to be bound by the rules and regulations currently in force for the use of accounts of your Bank. 我同意遵守现行银行账户管理规定。

Signature of applicant (申请人签名) : Date (日期) :

Signature Card 个人账户印鉴

Passport # 护照号:

D.O.B. 生日 (YYYY/MM/DD):



X SPECIMEN SIGNATURE 签字式样

Signing Authority with effect on 签署权生效日(YYYY/MM/DD)

For ICBC (USA) USE ONLY 工银美国专用

Account Number	Account Name	Open Date	Opened By

For Handling Bank Use Only 境内经办行专用

Based upon my review of the documents, I certify the following 根据本人对材料的审查, 兹证明:

- 1)The customer presented Passport, Resident ID, Proof of Home Address, Valid Visa or Supporting documents from US Government about immigration or student visa application in original formats and personally appeared before me;
客户在本人面前呈交了护照, 居民身份证, 居住地址证明, 有效签证或由美国政府部门提供的正在办理签证的证明文件原本;
- 2)The above documents appear to be valid and have not expired;
上述文件真实有效且在有效期之内;
- 3) The documents do not appear to have been altered or otherwise manipulated;
上述文件没有涂改或篡改的痕迹;
- 4) I have attached the photocopy of the above original documents.
本人已附上上述文件原件的影印副本。

Attested to by Branch Maker 分行经办人确认:

Name: (经办人姓名) :

AAMS Number: (经办人身份统一认证号) :

Signature (经办人签名):

Date (日期) :

Branch (分行) :

Work Email (办公邮件) :

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

Department of the Treasury
Internal Revenue Service

▶ For use by individuals. Entities must use Form W-8BEN-E.
▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form if:

Instead, use Form:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.		
City or town, state or province. Include postal code where appropriate.		Country
4 Mailing address (if different from above)		
City or town, state or province. Include postal code where appropriate.		Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		
6a Foreign tax identifying number (see instructions)	6b Check if FTIN not legally required <input type="checkbox"/>	
7 Reference number(s) (see instructions)	8 Date of birth (YYYY-MM-DD) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable-see instructions): The beneficial owner is claiming the provisions of Article and paragraph of the treaty identified on line 9 above to claim a% rate of withholding on (specify type of income):
.....
Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:
.....
.....

Part III Certification

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 am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for Chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

I certify that I have the capacity to sign for the person identified on line 1 of this form.

Sign Here



Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (YYYY-MM-DD)

Print name of signer