

致：（請選擇）

- ☐ 越秀証券有限公司  
☐ 越秀資產管理有限公司  
（“越秀公司”）

客戶賬號：\_\_\_\_\_

## 自我證明表格 - 個人

### 重要提示：

- 這是由帳戶持有人向越秀公司提供的自我證明表格，以作自動交換財務帳戶資料用途。越秀公司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。
- 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越秀公司。
- 除不適用或特別註明外，必須填寫這份表格所有部分。如這份表格上的空位不夠應用，可另紙填寫。在欄 /部標有星號（\*）的項目為越秀公司須向稅務局申報的資料。

### 第1部 個人帳戶持有人的身分識別資料

（對於聯名帳戶或多人聯名帳戶，每名個人帳戶持有人須分別填寫一份表格）

#### (1) 帳戶持有人的姓名

稱謂（例如：先生、太太、女士、小姐）

姓氏 \*

名字 \*

中間名

#### (2) 香港身份證或護照號碼

#### (3) 現時住址

第1行（例如：室、樓層、大廈、街道、地區）

第2行（城市）\*

第3行（例如：省、州）

國家 \*

郵政編碼/郵遞區號碼

#### (4) 通訊地址（如通訊地址與現時住址不同，填寫此欄）

第1行（例如：室、樓層、大廈、街道、地區）

第2行（城市）

第3行（例如：省、州）

國家

郵政編碼/郵遞區號碼

#### (5) 出生日期 \*（日/月/年）

#### (6) 出生地點（可不填寫）

鎮/城市

省/州

國家

## 第 2 部 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」）\*

提供以下資料，列明（a）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）該居留司法管轄區發給帳戶持有人的稅務編號。列出所有（不限於 5 個）居留司法管轄區。

如帳戶持有人是香港稅務居民，稅務編號是其香港身份證號碼。

如沒有提供稅務編號，必須填寫合適的理由：

**理由 A** - 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。

**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。

**理由 C** - 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。

居留司法管轄區	稅務編號	如沒有提供稅務編號， 填寫理由A、B 或C	如選取理由 B，解釋帳戶持有人不能取得 稅務編號的原因
(1)			
(2)			
(3)			
(4)			
(5)			

## 第 3 部 聲明及簽署

本人知悉及同意，越秀公司可根據《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。

本人證明，就與本表格所有相關的帳戶，本人是**帳戶持有人 / 客戶獲帳戶持有人授權簽署本表格 #**(刪去不適用者)。

本人承諾，如情況有所改變，以致影響本表格第 1 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，本人會通知越秀公司，並會在情況發生改變後 30 日內，向越秀公司提交一份已適當更新的自我證明表格。

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。

簽署 \_\_\_\_\_

姓名 \_\_\_\_\_

身分 \_\_\_\_\_

（如你不是第 1 部所述的個人，說明你的身分。如果你是以受權人身分簽署這份表格，須夾附該授權書的核證副本。）

日期（日/月/年） \_\_\_\_\_

**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。

To: Yue Xiu Securities Company Limited/Yue Xiu Asset Management Limited (the "Company") (#Delete as appropriate)

A/C No. : \_\_\_\_\_

Self-Certification Form – Individual

**Important Notes:**

- This is a self-certification form provided by an account holder to the Company for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the Company to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.
- An account holder should report all changes in his/her tax residency status to the Company.
- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields/parts marked with an asterisk (\*) are required to be reported by the Company to the Inland Revenue Department.

**Part 1 Identification of Individual Account Holder**

(For joint or multiple account holders, complete a separate form for each individual account holder.)

**(1) Name of Account Holder**

Title (e.g. Mr, Mrs, Ms, Miss)

\_\_\_\_\_

Last Name or Surname \*

\_\_\_\_\_

First or Given Name \*

\_\_\_\_\_

Middle Name(s)

\_\_\_\_\_

**(2) Hong Kong Identity Card or Passport Number**

\_\_\_\_\_

**(3) Current Residence Address**

Line 1 (e.g. Suite, Floor, Building, Street, District)

\_\_\_\_\_

Line 2 (City) \*

\_\_\_\_\_

Line 3 (e.g. Province, State)

\_\_\_\_\_

Country \*

\_\_\_\_\_

Post Code/ZIP Code

\_\_\_\_\_

**(4) Mailing Address (Complete if different to the current residence address)**

Line 1 (e.g. Suite, Floor, Building, Street, District)

\_\_\_\_\_

Line 2 (City) \*

\_\_\_\_\_

Line 3 (e.g. Province, State)

\_\_\_\_\_

Country \*

\_\_\_\_\_

Post Code/ZIP Code

\_\_\_\_\_

**(5) Date of Birth \* (dd/mm/yyyy)**

\_\_\_\_\_

**(6) Place of Birth (Not compulsory)**

\_\_\_\_\_

Town/City

\_\_\_\_\_

Province/State

\_\_\_\_\_

Country

\_\_\_\_\_

**Part 2 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN") \***

Complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where the account holder is a **resident for tax purposes** and (b) the account holder's TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence.

If the account holder is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number.

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

**Reason A** – The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.

**Reason 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.

**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.

Jurisdiction of Residence	TIN	Enter Reason A, B or C if no TIN is available	Explain why the account holder is unable to obtain a TIN if you have selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			

**Part 3 Declarations and Signature**

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the Company 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 Company 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 certify that I am **the account holder / I am authorized to sign for the account holder# (Delete as appropriate)** of all the account(s) to which this form relates.

I undertake to advise the Company of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide the Company with a suitably updated self-certification form within 30 days of such change in circumstances.

**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.**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Capacity \_\_\_\_\_

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

(Indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified copy of the power of attorney.)

**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).**