

Generali Life (Hong Kong) Limited

Assicurazioni Generali S.p.A.  
Hong Kong Branch

21/F, Cityplaza One, 1111 King's Road  
Taikoo Shing, Hong Kong  
T +852 2521 0707  
F +852 2521 8018  
info@generali.com.hk  
generali.com.hk

忠意人壽(香港)有限公司

忠意保險有限公司 香港分行

香港英皇道 1111 號  
太古城中心一期 21 樓  
電話 +852 2521 0707  
傳真 +852 2521 8018  
info@generali.com.hk  
generali.com.hk



## Controlling Person Tax Residency 控權人稅務居民身份 Self-Certification Form 自我證明表格

**Private & Confidential 私人及機密**

Name of (Proposed) Policyholder:  
(準)保單持有人姓名

Policy Number:  
保單號碼

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### Important Note 重要事項:

- This is a self-certification form provided by a controlling person 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.  
這是由控權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。
- An controlling person should report all changes in his/her tax residency status to the reporting financial institution.  
如控權人的稅務居民身份有所改變，應盡快將所有變更通知申報財務機構。
- 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 reporting financial institution to the Inland Revenue Department.  
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(\*)的項目為申報財務機構須向稅務局申報的資料。
- Please refer to the Inland Revenue Department website for the meaning of terms and expressions definitions of the terms used in this form:  
<http://www.ird.gov.hk/eng/pdf/2016/terms.pdf>  
有關本表格所用的名詞及措辭釋義，請參閱稅務局網站：<http://www.ird.gov.hk/chi/pdf/2016/terms.pdf>

### Part I - Identification of Controlling Person

#### 第一部 - 控權人的身份識別資料

1. Name 姓名	<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Ms 女士 <input type="checkbox"/> Miss 小姐		
	*Last Name / Surname 姓氏		Middle Name(s) 中間名
_____		_____	
*First / Given Names 名字		_____	
_____			
2. Hong Kong Identity Card / Passport Number 香港身份證或護照號碼			
3. Current Residence Address 現時住址			
	*City 城市	*Country 國家	Post Code/ZIP Code 郵政編碼/郵遞區號碼
4. Mailing Address 通訊地址 (Complete if different to the current residence address 如通訊地址與現時住 址不同，填寫此欄)			
	City 城市	Country 國家	Post Code/ZIP Code 郵政編碼/郵遞區號碼
5. *Date of Birth (dd/mm/yyyy) 出生日期(日/月/年)			6. Place of Birth (Not compulsory) 出生地點(可不填寫)

**Part II – The Entity Account Holder(s) of which you are a controlling person**  
**第二部 – 你作為控權人的實體帳戶持有人**

Enter the name of the entity account holder of which you are a controlling person  
 填寫你作為控權人的實體帳戶持有人的名稱。

Entity 實體	Name of the Entity Account Holder 實體帳戶持有人的名稱
(1)	
(2)	
(3)	

**Part III - Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”)\***  
**第三部 - 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」）\***

Complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where the controlling person is a **resident for tax purposes** and (b) the controlling person’s TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) the jurisdictions of residence.  
 提供以下資料，列明（a）控權人的居留司法管轄區，亦即控權人的稅務管轄區（香港包括在內）及（b）該居留司法管轄區發給控權人的稅務編號。列出**所有**（不限於5個）居留司法管轄區。

If the controlling person is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number.  
 如控權人是香港稅務居民，稅務編號是其香港身份證號碼。

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 A, B 或 C：

**Reason A** – The jurisdiction where the controlling person is a resident for tax purposes does not issue TINs to its residents.  
**理由 A** – 控權人的居留司法管轄區並沒有向其居民發出稅務編號。

**Reason B** – The controlling person is unable to obtain a TIN.\* Explain why the controlling person is unable to obtain a TIN if you have selected this reason.  
**理由 B** – 控權人不能取得稅務編號。如選取這一理由，解釋控權人不能取得稅務編號的原因。

**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.  
**理由 C** – 控權人毋須提供稅務編號。居留司法管轄區的主管機關不需要控權人披露稅務編號。

Jurisdiction of Residence 居留司法管轄區	TIN 稅務編號	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	* Explain why the controlling person is unable to obtain a TIN if you have selected Reason B * 如選取理由B，解釋控權人不能取得稅 務編號的原因
(1)		<input type="checkbox"/> A <input type="checkbox"/> B * <input type="checkbox"/> C	
(2)		<input type="checkbox"/> A <input type="checkbox"/> B * <input type="checkbox"/> C	
(3)		<input type="checkbox"/> A <input type="checkbox"/> B * <input type="checkbox"/> C	
(4)		<input type="checkbox"/> A <input type="checkbox"/> B * <input type="checkbox"/> C	
(5)		<input type="checkbox"/> A <input type="checkbox"/> B * <input type="checkbox"/> C	

**Part IV – Type of Controlling Person**
**第四部 – 控權人類別**

Tick the appropriate box to indicate the type of controlling person for each entity stated in Part 2.

就第二部所載的每個實體，在適當方格內加上✓號，指出控權人就每個實體所屬的控權人類別。

Type of Entity 實體類別	Type of Controlling Person 控權人類別	Entity (1) 實體(1)	Entity (2) 實體(2)	Entity (3) 實體(3)
Legal Person 法人	Individual who has a controlling ownership interest (i.e. not less than 25% of issued share capital) 擁有控制股權的個人(即擁有不少於百分之二十五的已發行股本)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who exercises control/is entitled to exercise control through other means (i.e. not less than 25% of voting rights) 以其他途徑行使控制權或有權行使控制權的個人(即擁有不少於百分之二十五的表決權)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who holds the position of senior managing official/ exercises ultimate control over the management of the entity 擔任該實體的高級管理人員/對該實體的管理行使最終控制權的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust 信託	Settlor 財產授予人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee 受託人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protector 保護人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beneficiary or member of the class of beneficiaries 受益人或某類別受益人的成員	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being the settlor/ trustee/ protector/ beneficiary) 其他(例如:如財產授予人/受託人/保護人/受益人為另一實體,對該實體行使控制權的個人)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Arrangement other than Trust 除信託以外的法律安排	Individual in a position equivalent/ similar to settlor 處於相等/相類於財產授予人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/ similar to trustee 處於相等/相類於受託人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/ similar to protector 處於相等/相類於保護人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/ similar to beneficiary or member of the class of beneficiaries 處於相等/相類於受益人或某類別受益人的成員位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being the settlor/ trustee/ protector/ beneficiary) 其他(例如:如財產授予人/受託人/保護人/受益人為另一實體,對該實體行使控制權的個人)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part V - Declarations and Signature**

**第五部 - 聲明及簽署**

1. I 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 controlling person 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 controlling person 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).

本人知悉及同意，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）把該等資料和關於控權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，從而把資料轉交到控權人的居留司法管轄區的稅務當局。

2. I certify that I am the controlling person / I am authorized to sign for the controlling person of all the account(s) to which this form relates.

本人證明，就與本表格所有相關的帳戶，本人是控權人/ 本人獲控權人授權簽署本表格。

3. I undertake to advise Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (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.

本人承諾，如情況有所改變，以致影響本表格第一部所述的個人的稅務居民身份，或引致本表格所載的資料不正確，本人會通知忠意人壽(香港)有限公司/ 忠意保險有限公司香港分行（如適用）（「**貴公司**」），並會在情況發生改變後 30 日內，向**貴公司**提交一份已適當更新的自我證明表格。

4. I/ We acknowledge that I/ we have been provided with a copy of the Personal Information Collection Statement (the "**Statement**") issued by the **Company**. I/ We confirm that I/ we have read and understood the **Statement**. I/ We agree that the **Company** may collect, use, store, disclose, transfer and otherwise process my/ our personal data in accordance with the terms of the **Statement**. I/ We further confirm that I/ we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to the **Company** for the purposes stated in the **Statement** and for allowing the **Company** to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the **Statement**.

本人/我們確認，本人/我們已獲提供一份由**貴公司**發出的收集個人資料聲明（「**該聲明**」）。本人/我們確認已經閱讀並且明白**該聲明**。本人/我們同意**貴公司**可依照**該聲明**的條款收集、使用、儲存、披露、轉移及以其他方式處理本人/我們的個人資料。本人/我們進一步確認，本人/我們已獲得受保人和任何其他有關人士（如適用的話）的明示同意，可以按照**該聲明**所述的用途將他們的個人資料提供給**貴公司**，並允許**貴公司**可依照**該聲明**的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

**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.**

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。

Signature 簽署:

\_\_\_\_\_

Name 姓名:

\_\_\_\_\_

Capacity 身份:

\_\_\_\_\_  
*(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)*

*(如你不是第一部所述的個人，說明你的身份。如果你是以受權人身份簽署這份表格，須夾附該授權書的核證副本。)*

Date(dd/mm/yyyy):

日期(日/月/年)

\_\_\_\_\_

**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。**

## Personal Information Collection Statement

### 收集個人資料聲明

a. From time to time, it is necessary for you to supply Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the "**Company**") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/or other relevant individuals (the "**Personal Data**") in connection with the provision of insurance and/or related products and services to you, the processing of claims under insurance policies issued and/or arranged by the **Company**, and/or the processing of any or all other requests, enquiries and complaints from you.

閣下須不時向忠意人壽(香港)有限公司/忠意保險有限公司香港分行(如適用)(「**本公司**」)提供關於閣下自己、保單持有人、受益人、索償人及/或其他有關人士的資料(「**個人資料**」),以讓**本公司**為閣下提供保險及/或相關產品與服務,處理經由**本公司**發出及/或安排的保單之下的索償事宜,及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

b. Provision of the **Personal Data** to the **Company** by you is voluntary. However, failure to supply the **Personal Data** may result in the **Company** being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the **Company**, and/or process any or all other requests, enquiries, or complaints from you.

閣下是自願向**本公司**提供**個人資料**的。然而,若閣下未能提供**個人資料**,可能導致**本公司**不能夠為閣下提供保險及/或相關產品與服務,處理經由**本公司**發出及/或安排的保單之下的索償事宜,及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

c. The purposes for which the **Personal Data** may be used are as follows: (i) processing (including, without limitation, underwriting) and/or approving applications for insurance and/or related products and services, and any addition, alteration, variation, cancellation, renewal and/or reinstatement of such products and services; (ii) administering insurance policies issued and/or arranged by the **Company**; (iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/or settlement of claims under insurance policies issued and/or arranged by the **Company**; (iv) exercising rights of subrogation, if applicable; (v) collection of amounts outstanding (if any) from customers; (vi) arranging coinsurance and/or reinsurance in respect of the insurance policies issued and/or arranged by the **Company**; (vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; (viii) customer services (including, but not limited to, processing enquiries and complaints), marketing, and other related activities; (ix) conducting data matching procedures; (x) designing insurance and/or related products and services for customers' use; (xi) marketing insurance and/or other related products and services of the **Company** and/or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the **Company's** parent company (hereinafter such affiliated companies are collectively referred to as the "**Affiliated Companies**")); (xii) direct marketing of insurance and/or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the **Company** at any time; (xiii) statistical or actuarial research of the **Company**, its **Affiliated Companies**, relevant insurance industry associations or federations, supervisory authority, government department and/or other competent authority; (xiv) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/or its **Affiliated Companies** are expected to comply with, including, without limitation, making disclosures of the relevant information; and (xv) fulfilling any other purposes directly relating to (i) to (xiv) above.

**個人資料**可被用於以下用途:(i)處理(包括但不限於承保)及/或審批保險及/或相關產品與服務的申請,以及該等產品與服務的任何附加、更改、變更、取消、續期及/或復效;(ii)管理經由**本公司**發出及/或安排的保單;(iii)處理(包括但不限於調查、分析、評估和裁定)及/或理賠經由**本公司**發出及/或安排的保單之下的索償事宜;(iv)如適用的話,行使代位權;(v)向客戶追收尚欠金額(如有);(vi)經由**本公司**發出及/或安排的保單之下籌劃共同保險及/或再保險;(vii)透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊;(viii)客戶服務(包括但不限於處理查詢和投訴)、推銷,以及其他相關活動;(ix)進行資料核對程序;(x)設計保險及/或相關產品與服務供客戶使用;(xi)推銷**本公司**及/或**本公司**的關聯公司(包括但不限於本集團的公司、母公司、本母公司的信託公司(該等關聯公司在下文合稱為「**關聯公司**」))的保險及/或其他相關產品與服務;(xii)就閣下事前訂明的同意(如有)約束之下,直接促銷保險及/或其他相關產品與服務,而閣下可在任何時間知會**本公司**以行使撤回同意的權利;(xiii)**本公司**、**關聯公司**、相關的保險業協會或聯會、監管當局、政府部門及/或其他法定監管機構的統計或精算研究;(xiv)遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定,以及**本公司**及/或**關聯公司**應要遵守的任何其他有關規定,包括但不限於披露有關資料;及(xv)實現與上述(i)至(xiv)直接有關的任何其他用途。

d. The **Personal Data** held by the **Company** shall be kept confidential, but the **Company** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the **Personal Data** is related: (i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/or other services to the **Company** in connection with the operation of its business; (ii) relevant insurance industry associations or federations, and/or members of such industry associations or federations; (iii) overseas locations or branches, as appropriate, of the **Company**, and/or its **Affiliated Companies**; (iv) persons to whom the **Company** and/or its **Affiliated Companies** are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/or its **Affiliated Companies** are expected to comply with; (v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the **Company** and/or its **Affiliated Companies**; (vi) lawful successors or assigns of the **Company**; and (vii) persons who owe a duty of confidentiality to the **Company** and/or its **Affiliated Companies**.

由**本公司**持有的**個人資料**將受到保密,但**本公司**可依據以上(c)段所列的用途向以下各方(不論在香港特別行政區境內還是境外)提供**個人資料**,事前無須知會閣下及/或該等**個人資料**所涉及的任何其他有關人士:(i)就**本公司**的業務營運向**本公司**提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及/或任何其他有關各方,以適用者為準;(ii)相關的保險業協會或聯會,及/或該等協會或聯會的成員;(iii)**本公司**及/或**關聯公司**的海外辦事處或分行,以適用者為準;(iv)根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定,以及應要遵守的任何其他有關規定之下,**本公司**及/或**關聯公司**負有義務須向其作出披露的人士;(v)根據**本公司**及/或**關聯公司**有約束力的任何法律之下,**本公司**及/或**關聯公司**須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構(包括但不限於稅務局);(vi)**本公司**的合法繼承人或受讓人;及(vii)對**本公司**及/或**關聯公司**負有保密責任的人士。

e. The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and/or members of such industry associations or federations.

**本公司**可使用由相關的保險業協會或聯會及/或該等協會或聯會的成員所收集及發放或轉移的資料,來核實任何或所有**個人資料**。

f. In accordance with the Personal Data (Privacy) Ordinance (Cap 486): (i) any individual has the right to: (A) check whether the **Company** holds data about him / her and, if so, obtain a copy of such data; (B) require the **Company** to correct any data relating to him / her that is inaccurate; and (C) ascertain the **Company's** policies and practices in relation to data and to be informed of the kind of data held by the **Company**; and (ii) the **Company** has the right to charge a reasonable fee for the processing of any data access request.

根據《個人資料(私隱)條例》(第486章):(i)任何人士均有權:(A)查詢**本公司**有沒有持有其資料,如有的話,可取得一份該等資料;(B)要求**本公司**改正其任何不正確的個人資料;及(C)查明關於**本公司**的個人資料政策和處事常規,並可獲通知有關**本公司**所持個人資料的種類;及(ii)**本公司**有權就處理任何查閱個人資料的要求之下收取合理的費用。

g. The person to whom requests for access to **Personal Data** and/or correction thereof and/or for information regarding policies and practices and purposes of **Personal Data** held are to be addressed as follows: *Personal Data Protection Officer, Generali Life (Hong Kong) Limited/ Assicurazioni Generali S.p.A. Hong Kong Branch, 21/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.*

如欲查閱及/或改正**個人資料**及/或查詢關於**本公司**的政策和處事常規及所持**個人資料**的用途,請向以下人員提出要求:

個人資料保護主任,忠意人壽(香港)有限公司/忠意保險有限公司香港分行,香港英皇道1111號太古城中心一期21樓

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

附註:本收集個人資料聲明的英文及中文版本之間如有任何歧義,概以英文版本為準。