

補充投保書聲明 - 稅務居民身分
Supplementary Statement – Tax Residency

請於適當位置選擇及填寫 Please choose and fill in where appropriate

投保申請書編號 Application No.				
擬保單權益人姓名 Name of Proposed Policyowner	<input type="checkbox"/> 個人 Individual	姓名 Name		
	<input type="checkbox"/> 實體 Entity	實體或分支機構的法定名稱 Legal Name of Entity or Branch		
擬受保人姓名 (如與保單權益人不同) Name of Proposed Life Insured (if different from Proposed Policyowner)				
稅務居民身分 (只適用於擬保單權益人) Tax Residency (only applicable to Proposed Policyowner)	稅務居民身分 Tax Residency		居留司法管轄區 Jurisdiction of Residence	稅務編號 TIN
	<input type="checkbox"/> 美國 U.S. 請填寫 IRS 之 W-9 表格及自我證明表格 Please fill in IRS Form W-9 and Self-Certification Form	1.		
		2.		
	<input type="checkbox"/> 香港或其他國家 Hong Kong or Other Countries 請填寫自我證明表格 Please fill in Self-Certification Form	3.		
	4.			
業務代表姓名及編號 Name & Code of Technical Representatives				
代理銀行 Name of Servicing Bank				

重要指示

Important Notes

- 請將此已簽署的補充投保書聲明 - 稅務居民身分及所需文件，請於簽署日期起 14 工作天內交回香港人壽保險有限公司。
Please return this signed Supplementary Statement- Tax Residency and required documents to Hong Kong Life Insurance Limited within 14 working days from date of signing.
- 請勿簽署在空白表格上。
Please do not sign on blank form.

聲明

Declaration

我/我們謹此聲明及同意，以上各項陳述均為我/我們所知所信的全部事實，並將成為以上投保申請書之部份及簽發保單之根據。
I/We hereby declare and agree that the above particulars are complete and true to the best of my/our knowledge and belief, and it shall become part of the above application and shall form the basis of any policy issued hereunder.

擬保單權益人簽署: Signature of Proposed Policyowner:	擬保單權益人姓名: Name of Proposed Policyowner:	日期: Date:
業務代表簽署: Signature of Technical Representatives:	業務代表姓名: Name of Technical Representatives:	日期: Date:
見證人簽署 (如適用): Signature of Witness (if applicable):	見證人姓名 (如適用): Name of Witness (if applicable):	日期: Date:
見證人職位 (如適用): Title of Witness (if applicable):	與擬保單權益人之關係 (如適用): Relationship with the Proposed Policyowner (if applicable):	

For Office Use Only

Signature verified by:	Date:	Recorded by the Company	Date:
		Endorsed by:	