



Self-Certification Form – Individual

Important Notes:

- This is a self-certification form provided by an Account Holder 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 relevant tax authority for transfer to the tax authority of another jurisdiction.
- An Account Holder should report all changes in its tax residency status to the reporting Financial Institution.
- 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 provided on these forms may be shared with the tax authority.

Part 1: Identification of Individual Account Holder

(For joint or multiple Account Holders, complete a separate form for each Individual Account Holder.)

Name of Account Holder	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		
	Last name or surname			
	First or given name			
	Middle name(s)			
Identity card number				
Identity card issuing country				
Passport number				
Nationality				
Date of birth				
Place of birth	Town/city			
	Province/state			
	Country			
	Residence address		Mailing address (if different from residence address)	
Street				
Building name				
Suite				
Floor				
District / state				
City / town				
Postal code				
Country				
Phone number	Country code	Number	Country code	Number



Part 2: Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”)

Complete the following table indicating (a) the jurisdiction of residence 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 any jurisdiction which does not issue tax identification number, please provide the functional equivalent.

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	Reason 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 declare that the information provided in this form is, to the best of my knowledge and belief, true, accurate and complete. I undertake to advise the CLSA Group ("CLSA") promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.

I agree that CLSA may disclose and transfer to its branches, affiliates or representative offices located in any jurisdiction the information contained in this form, and any information relating to the Account Holder's accounts and products with CLSA, in connection with or to facilitate their compliance with applicable laws and regulations.

I consent to CLSA collecting, using and disclosing information (including disclosing information to any government authority or agency) that I have provided for the purpose of complying with applicable laws and regulations.

I certify that I am the Account Holder / I am authorized to sign this form for the Account Holder[^] and warrant that I have obtained the consent of any individual named in this form or have the right to consent on his/her behalf^{^^} to such collection, use, disclosure and processing of his/her personal data by CLSA for the purposes of this certification.

Signature _____

Name _____

Capacity _____ *Indicate the capacity if you are not the individual identified in Part 1*

Date _____

[^] Please strike out whichever is not applicable

^{^^} Please attach a certified copy of the power of attorney, or written authorisation / equivalent to sign on behalf of the Account Holder

WARNING: It is an offence under local tax regulation if any person, in making a self- certification, makes a statement that is misleading, false or incorrect in a material particular whether it is knowingly or recklessly. The person who commits the offence is liable to conviction.



Enhanced CRS Due Diligence Questionnaire - Individual

尽职调查问卷增进版 - 个人

Dear Sir/Madam,
尊敬的先生、女士，

Please provide accurate responses to below questions:-
请在以下问题提供准确的答复： -

Name of Account Holder: 账户持有人姓名 <i>(For joint Account Holders, please complete a separate form for each Individual Account Holder)</i> <i>(若是联名账户持有人，请分别填写个人账户持有人表格)</i>	
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- 1) Do you possess any nationality, citizenship, or residency in any jurisdiction besides the jurisdiction(s) already declared on the CRS form?
除了“自我证明表格”上已声明的管辖权之外，您是否在任何管辖权中拥有任何国籍或居住权?
If Yes, please indicate the list of such jurisdictions / countries, or
若有，请注明居留国家/管辖区，或
If No, please indicate 'None' if you do not have any.
若否，请注明“无”。

- 2) Do you currently hold nationality, citizenship or residency in any jurisdiction under an RBI/CBI scheme?
您目前是否在资本投资者入境计划的任何司法管辖区拥有国籍或居住权?
If Yes, please indicate the list of such jurisdictions / countries, or
若有，请注明居留国家/管辖区，或
If No, please indicate 'None' if you do not have any.
若否，请注明“无”。

- 3) Have you spent more than **60 days** in any jurisdiction(s) during the previous year other than the tax residency countries already declared on the CRS form?
除了“自我证明表格”上已声明的税收居住国之外，您是否在上一年中在任何管辖区度过了 60 天以上?
If Yes, please indicate the list of such jurisdictions / countries, or
若有，请注明居留国家/管辖区，或
If No, please indicate 'None' if you do not have any.
若否，请注明“无”。

- 4) Have you filed personal income tax in any country / jurisdiction during the previous three years besides the jurisdiction(s) already declared on the CRS form?
在过去三年中，您是否在任何国家/管辖区提交过个人所得税?
If Yes, please indicate the list of such jurisdictions / countries, or
若有，请注明居留国家/管辖区，或
If No, please indicate 'None' if you do not have any.
若否，请注明“无”。

- 5) Do you have a standing instruction to remit fund to any country / jurisdiction and/or do you hold a bank account in any jurisdiction other than those you have already declared on the CRS form?
您是否有在“自我证明表格”申报的居留司法管辖区以外有银行账户，或有常规说明把钱汇往“自我证明表格”申报的居留司法管辖区外？
If Yes, please indicate the list of such jurisdictions / countries, or
若有，请注明居留国家/管辖区，或
If No, please indicate 'None' if you do not have any.
若否，请注明“无”。

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- 6) Are you acting as Nominee or similar capacity on behalf of another beneficiary?
您是否是代名人或以类似身份代表另一受益人？
If Yes, please indicate the list of such jurisdictions / countries, or
若有，请注明居留国家/管辖区，或
If No, please indicate 'None' if you do not have any.
若否，请注明“无”。
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Declarations and Signature

声明及签署

I declare that the information provided in this form is, to the best of my knowledge and belief, true, accurate and complete. I undertake to advise the CLSA Group (“CLSA”) promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.

本人声明就本人所知和所信，本表格所提供的所有信息都是真实，准确且完整。本人承诺，如情况有所改变，以引致此表格中的任何信息不准确，本人会立即通知 CLSA Group (“CLSA”) 并会在情况发生改变后 30 日内，向贵公司提交一份适当更新的自我证明表格。

I agree that CLSA may disclose and transfer to its branches, affiliates or representative offices located in any jurisdiction the information contained in this form, and any information relating to the Account Holder’s accounts and products with CLSA, in connection with or to facilitate their compliance with applicable laws and regulations.

本人同意，CLSA 可将表格中的信息以及与账户持有人在 CLSA 上的账户和产品有关的任何信息，披露或转移给其在任何司法管辖区的分公司，分支机构或代表处，并与之相关或促进遵守适用法律和法规。

I consent to CLSA collecting, using and disclosing information (including disclosing information to any government authority or agency) that I have provided for the purpose of complying with applicable laws and regulations.

本人同意 CLSA 收集，使用和披露本人提供的信息，包括向任何政府机构或机构披露信息，为遵守适用法律和法规。

I understand that any failure to provide information as required or providing erroneous information on my part may lead to CLSA taking appropriate measures and actions as required to ensure compliance with regulations.

本人了解，如果未能按要求提供信息或提供错误信息，可能会导致 CLSA 采取必要措施和行动以确保遵守法规。



I am authorized to sign this form for the Account Holder and warrant that I have obtained the consent of any individual named in this form or have the right to consent on his/her behalf to such collection, use, disclosure and processing of his/her personal data by CLSA for the purposes of this certification.

本人被授权在账户持有人处签署此表格，并保证本人已获得该表格中所列任何个人的同意，或有权代表他/她同意对其进行收集，使用，披露和处理 CLSA 出于本认证目的提供的个人数据。

Signature

签署

Name

姓名

Capacity

身份/职位

(Indicate the capacity if you are not the Individual Account Holder, e.g. POA Holder)

(若不是个人账户持有人，请注明身份或职位)

Date

日期

WARNING: It is an offence under local tax regulation if any person, in making a declaration, makes a statement that is misleading, false or incorrect in a material particular whether it is knowingly or recklessly. The person who commits the offence is liable to conviction. "

警告: 根据在当地税务管理局的法律之下，任何人蓄意或贸然的写下误导，造假或错误的宣言是犯法的。犯法者将会面对法律的定罪与处置。