

To: Central China International Securities Co., Limited (“Central China International”)  
 Suites 1505-1508 Two Exchange Square, 8 Connaught Road, Central, Hong Kong

**Self-Certification Form – Entity**

**Important Notes:**

- This is a self-certification form provided by an account holder to Central China International for the purpose of automatic exchange of financial account information. The data collected may be transmitted by Central China International to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.
- An account holder should report all changes in its tax residency status to Central China International.
- 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 Central China International to the Inland Revenue Department.

**Part 1 Identification of Entity Account Holder**

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

- (1) **Legal Name of Entity or Branch \*** \_\_\_\_\_
- (2) **Jurisdiction of Incorporation or Organisation** \_\_\_\_\_
- (3) **Hong Kong/Other Country** \_\_\_\_\_  
**Business Registration Number** \_\_\_\_\_
- (4) **Current Business 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) **Mailing Address** (Complete if different to the current business address)
- Line 1 (e.g. Suite, Floor, Building, Street, District) \_\_\_\_\_
- Line 2 (City) \_\_\_\_\_
- Line 3 (e.g. Province, State) \_\_\_\_\_
- Country \_\_\_\_\_
- Post Code/ZIP Code \_\_\_\_\_

**Part 2 Entity Type**

Tick one of the appropriate boxes and provide the relevant information.

Financial Institution	<input type="checkbox"/> Custodial Institution, Depository Institution or Specified Insurance Company <input type="checkbox"/> Investment Entity, except an investment entity that is managed by another financial institution (e.g. with discretion to manage the entity’s assets) and located in a non-participating jurisdiction
Active NFE	<input type="checkbox"/> NFE the stock of which is regularly traded on _____, which is an established securities market <input type="checkbox"/> Related entity of _____, the stock of which is regularly traded on _____, which is an established securities market <input type="checkbox"/> NFE is a governmental entity, an international organization, a central bank, or an entity wholly owned by one or more of the foregoing entities <input type="checkbox"/> Active NFE other than the above (Please specify _____)
Passive NFE	<input type="checkbox"/> Investment entity that is managed by another financial institution and located in a non-participating jurisdiction <input type="checkbox"/> NFE that is not an active NFE

**Part 3 Controlling Persons (Complete this part if the entity account holder is a passive NFE)**

Indicate the name of all controlling person(s) of the account holder in the table below. If no natural person exercises control over an entity which is a legal person, the controlling person will be the individual holding the position of senior managing official. Complete Self-Certification Form – Controlling Person for each controlling person.

(1)	(5)
(2)	(6)
(3)	(7)
(4)	(8)

**Part 4 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 Business Registration Number.

If the account holder is not a tax resident in any jurisdiction (e.g. fiscally transparent), indicate the jurisdiction in which its place of effective management is situated.

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 5 Declarations and Signature**

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by Central China International 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 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 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 authorized to sign for the account holder of all the account(s) to which this form relates.

I undertake to advise Central China International of any change in circumstances which affects the tax residency status of the entity identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide Central China International 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) \_\_\_\_\_

(e.g. director or officer of a company, partner of a partnership, trustee of a trust etc.)

**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).**