

To: CHINA MINSHENG BANKING CORP., LTD., HONG KONG BRANCH  
40/F., Two International Finance Centre, 8 Finance Street Central, Hong Kong  
Ref. No.: \_\_\_\_\_

**CRS 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 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 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 in fields/parts marked with an asterisk (\*) are required to be reported by the reporting financial institution 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 2 (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 financial institution 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 the account holder / I am authorized to sign for the account holder # of all the account(s) to which this form relates.

I undertake to advise \_\_\_\_\_ (state the name of the financial institution) 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 \_\_\_\_\_ (state the name of the financial institution) 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.)

# Delete as appropriate

**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).**