

# 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.

New Customer

Existing Customer (Account No. \_\_\_\_\_)

### 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"/> Ms		
	Last Name or Surname *		First or Given Name *
Identity Card or Passport Number			
Current Residence Address			
	Country *		
Mailing Address (Complete if different to the current residence address)			
	Country		
Date of Birth *	dd	mm	yyyy

**Part 2 Jurisdiction of Residence for tax purposes 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 the account holder is a tax resident of China, the TIN is the China ID 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 for tax purposes	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 **BOCI Securities Limited** 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 **BOCI Securities Limited** 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 **BOCI Securities Limited** 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 **BOCI Securities Limited** 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	Capacity _____  (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.)
Name	
Date (dd/mm/yyyy)	

# Please tick 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).**