



Application/Policy Number:

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AXA Wealth Management (HK) Limited
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Supplement – Tax Residency
Self-Certification for Non-Individual
(For Claims)

Important Note:

- (1) This form is to be filled in BLOCK LETTERS and signed by the Owner/Claimant/Beneficiary.
(2) Please do not sign on blank form.
(3) This form is also available in Chinese./ 本表格有中文版本供選擇
(4) Please sign Section D.

Please read these instructions before completing the form
Regulations based on Foreign Account Tax Compliance Act ("FATCA") and Organisation for Economic Cooperation and Development ("OECD") Common Reporting Standard ("CRS") require financial institutions to collect and report certain required information based on an account holder's tax residence. Each jurisdiction has its own rules for defining tax residence. In general, tax residence is the country in which you live. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (multiple residencies). The country(ies)/jurisdiction(s) in which you pay income tax are likely to be your country(ies)/jurisdiction(s) of tax residence. For more information on tax residence, please consult your tax adviser or the information at the following link for FATCA and OECD Automatic Exchange of Financial Account Information ("AEOI") at https://www.irs.gov/ and http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/ respectively.
This form is applicable for non-individual as Owner/Claimant/Beneficiary. For individual as Owner/Claimant/Beneficiary, please complete "Supplement – Tax Residency Self-Certification for Individual (For Claims)".
Please complete section B of this form for each controlling person, i.e. the natural person who ultimately has a controlling ownership interest (typically on the basis of a certain percentage (e.g. 25%)) in the Entity, which is a passive non-financial entity ("NFE"), or an investment entity located in a non-participating jurisdiction managed by another financial institution. If there are no natural person(s) who exercise control of the Entity, then the Controlling Person(s) will be the natural person(s) who hold the position of senior managing official of the Entity.
Tax regulations require the Company to collect information about the tax residence(s) of our customers. Depending on your tax residence, the Company may be obliged to pass on information on this form and information related to the policy to the relevant tax authorities. If you have any questions about how to determine your tax residency status you should consult your tax adviser.
Please note that it may be an offence under the laws of the jurisdiction(s) where the Company is regulated, for a person who makes a statement that is misleading, false or incorrect in a particular material, and such person may be liable to penalties.
This form should be completed by the authorised signatory of the Owner/Claimant/Beneficiary and by the controlling person unless otherwise specified in Part D.

A. Tax Residency Self-Certification for Entity

Entity Information of Owner/Claimant/Beneficiary:

Form with fields: Full Name in English, Place of Incorporation, Mobile No., Country code (Hong Kong: 852, China: 86, Other: please specify), Country Code, Mobile no.

Section A1: FATCA Declaration of U.S. Tax Residency for Entity

Is Owner/Claimant/Beneficiary an entity or trust? [] Yes [] No
If Yes, please provide (a) IRS Form W-8 (for Entities) if you are a non-U.S. entity or trust; or (b) IRS Form W-9 if you are a U.S. entity or trust.
Please declare all your other tax residency in the following section A2.
Important Note:
(i) You are a U.S. entity if you are a corporation or partnership created, organized, or governed in or under the laws of the United States.
(ii) You are a U.S. domestic trust if:
(a) (1) a court within the United States is able to exercise primary supervision over the administration of the trust, and (2) one or more U.S. persons have the authority to exercise primary supervision over the administration of the trust; or
(b) the trust has a valid election in effect to be treated as a U.S. person for U.S. federal income tax purposes.
For information on the definition of U.S. citizen, U.S. tax resident, U.S. entity or U.S. trust, please refer to U.S. Internal Revenue Service website www.irs.gov.
If you are in any doubt, please seek independent professional advice.

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Foreign Tax Reporting and Withholding Obligations Statement

FATCA means the U.S. Foreign Account Tax Compliance Act as amended from time to time.

FATCA Obligations means the Company's obligations under FATCA (as varied or supplemented by the IGA) including, without limitation, the Company's obligations to undertake due diligence into Account Holders to identify U.S. Accounts and U.S. Account Holders, to report information on U.S. Account Holders and U.S. Accounts to the Tax Authorities, and to obtain their consent to do so, and to deduct and withhold tax from certain payments made to or from certain U.S. Accounts and to remit this to the IRS pursuant to applicable laws and regulations.

Account Holder means, in respect of this policy:

- (i) I/we as the policy owner/holder; and
- (ii) if we are a corporate or other entity, the persons who exercise control over us such as our majority shareholders; and
- (iii) each person entitled to access the policy's value (for example, through a loan, withdrawal, surrender or otherwise) or the ability to change a beneficiary under this policy which will usually also be myself/ourselves as the policy owner or holder but also:
 - (a) any person to whom I/we as the policy owner / holder assigns any of those rights under the policy; and
 - (b) (where I as an individual policy owner/holder) my personal representatives, executors or administrators on my death or bankruptcy or (where we as a corporate policy owner/holder) on our insolvency; and
- (iv) any person entitled to receive a future payment under this policy such as a beneficiary; and
- (v) if this policy is held in trust, the settlor, the trustees, the protector (if any), the beneficiaries and any other person exercising ultimate effective control over that trust.

Account Holder Information means the information about Account Holders that the Company is required to obtain as part of its FATCA Obligations which currently includes:

- (i) where the Account Holder is an individual, his/her name, date and place of birth, residential address, mailing address, contact information (including telephone number), U.S. taxpayer identification number, U.S. social security number, citizenships, residency, tax residency and details of any other tax regime to which he/she is subject or in respect of which he/she has any tax reporting or tax payment obligations; and
- (ii) where the Account Holder is a corporate or other entity, its full name, date and place of incorporation or formation, registered address, address of place of business, U.S. taxpayer identification number, tax status, tax residency and details of any other tax regime to which it is subject or in respect of which it has any tax reporting or tax payment obligations and such other information as the Company may reasonably require about each of the Account Holder's shareholders or controlling persons.

IGA means the intergovernmental agreement made between Hong Kong and the U.S. in respect of FATCA as may be amended from time to time.

Non Participating FFI means a FFI other than a participating FFI, a deemed-compliant FFI or an exempted beneficial owner as defined under FATCA.

Policy Information means the information about this policy that the Company is required to provide to the Tax Authorities as part of its FATCA Obligations which currently includes policy number, policy balance, interest and dividend income and withdrawals, or value and information about payments that the Company receives or makes in connection with this policy including details of any Withholding Tax.

Required Information means:

- (i) the Account Holder Information and associated supporting documentation and certification; and
- (ii) the Policy Information.

Specified U.S. Person has the same meaning as defined under FATCA and includes:

- (i) certain U.S. citizens or resident individuals;
- (ii) certain U.S. partnerships or corporations; and
- (iii) certain trusts the administration of which is governed by the U.S. courts or the controlling person(s) of which include a U.S. citizen or resident.

Tax Authorities means the U.S. Internal Revenue Service (IRS), the Hong Kong Inland Revenue Department (IRD) and any other competent tax authority to which the Company or any of its holding companies are required to report the Required Information or any part thereof.

U.S. means the United States of America.

U.S. Account means an account held by one or more Specified U.S. Person(s) or an entity of which one or more controlling person(s) is a Specified U.S. Person.

U.S. Account Holder means, in respect of an U.S. Account, a Specified U.S. Person, or an entity of which one or more controlling persons(s) is a Specified U.S. Person, who holds that U.S. Account.

Withholding Tax means the U.S. tax that the Company is required to withhold as part of its FATCA Obligations.

Provision of Account Holder Information:

I/We must:

- (i) when I/we apply to take out this policy, as a condition of its issue to me/us, and from time to time during this policy when the Company requires me/us to do so, provide the Company with Account Holder Information about myself/ourselves and the other Account Holders;
- (ii) provide the Company with such supporting documentation for and certification of Account Holder Information as it may require;
- (iii) where there is any change in Account Holder Information already provided to the Company (including any change in the residency, citizenship or tax status of an Account Holder), notify the Company immediately of this in writing and provide the Company with such information, documentation and certification in that regard as it may require;
- (iv) where there is a change in Account Holder, immediately provide to the Company the Account Holder Information for the new Account Holder (and where I/we propose that change, for example by notifying the Company I/we want to assign my/our rights under this policy or nominate a new beneficiary, I/we must provide the Company with the Account Holder Information on the new Account Holder as a condition to the Company agreeing that change); and
- (v) complete and sign such documents and take such actions, as the Company may reasonably require from time to time to enable the Company to comply with its FATCA Obligations in respect of this policy.

Disclosure of Required Information:

I/We consent to the Company's disclosure and transfer of the Required Information to the Tax Authorities both in Hong Kong and outside Hong Kong to comply with its FATCA Obligations and waive all rights I/we have, if any, to prohibit or restrict such disclosure.

Withholding Tax:

I/We consent to the Company's deducting and withholding Withholding Tax from payments made to or from this policy account and remitting this to the IRS to comply with the Company's FATCA Obligations including, without limitation, to the Company's deducting and withholding Withholding Tax on withholdable payments into this policy and remitting this to the IRS if the IRD fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.) or if I am/we are, or any other Account Holder is, a Non Participating FFI.

Other Account Holders:

Where I/we have an obligation under this policy with respect to Account Holder Information relating to any other Account Holder I/we must use my/our best endeavours to procure that the other Account Holder complies with that obligation with regard to their Account Holder Information including providing to the Company directly that Account Information and supporting documentation and certification and giving the Company their consent to the disclosure and transfer of that Account Holder Information to the Tax Authorities and deducting and withhold Withholding Tax and remitting this to the IRS. I/We agree that the Company may contact the other Account Holders directly for these purposes.

Section A2: CRS Declaration of Non-U.S. Tax Residency for Entity (Including Hong Kong and/or Macau)

The Company must comply with the following requirements of the Inland Revenue Ordinance to facilitate the Inland Revenue Department of Hong Kong automatically exchanging certain financial account information as provided for thereunder:

(i) to identify certain accounts as “non-excluded financial accounts” (“NEFAs”); (ii) to identify the jurisdiction(s) in which NEFA-holding individuals and certain NEFA-holding entities reside for tax purposes;(iii) to determine the status of certain NEFA-holding entities as “passive NFEs” and identify the jurisdiction(s) in which their “controlling persons” reside for tax purposes;(iv) to collect certain information on NEFAs (“Required Information”); and (v) to furnish certain Required Information to the Inland Revenue Department of Hong Kong (collectively, the “AEOI requirements”).

The Owner/Claimant/Beneficiary agrees to comply with requests made by the Company to comply with the AEOI requirements.

Please indicate your country/jurisdiction of tax residence (please list all countries of tax residence, including Hong Kong and/or Macau, and associated taxpayer identification numbers (“TIN”). Please refer to the OECD AEOI Portal for more information on tax residency and TIN.

If the Entity is not tax resident in any jurisdiction (e.g. because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

If a TIN is unavailable please provide the appropriate reason A or B where indicated below:

- Reason A - The country/jurisdiction where you are resident in does not issue TINs to its residents.
- Reason B - You are unable to obtain a TIN or equivalent number.

Country/Jurisdiction of Tax Residence	TIN or equivalent number (Please write “N/A” if TIN is not available)	If no TIN is available, enter Reason A or B	
1.*		<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B
2.		<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B
3.		<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B
4.		<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B
5.		<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B

*Please put “NIL” in the first box if you have no Tax Residency other than U.S.

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1.	
2.	
3.	
4.	
5.	

I/We undertake to advise the Company and provide a duly “Supplement – Tax Residency Self-Certification for Non-Individual” form within 30 days of the occurrence of any change in circumstance which causes any of the information contained in this form to be incorrect.

Section A3: CRS Classification of Entity

A.3.1 Financial Institutions under CRS:

If the Owner/Claimant/Beneficiary is a financial institution, please tick one of the below categories:

I.	Financial institution under CRS (other than (II) below)	
II.	An investment entity located in a non-participating jurisdiction and managed by another financial institution (If this box is ticked, please complete section B of this form for each Controlling Person(s))	

A.3.2 Non Financial Institutions under CRS:

If the Owner/Claimant/Beneficiary is a non-financial institution, please tick one of the below categories:

I.	Active Non-Financial Entity – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation Please provide the name of the established securities market on which the corporation is regularly traded: _____ If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation: _____	
II.	Active Non-Financial Entity – a Government Entity or Central Bank	
III.	Active Non-Financial Entity – an International Organisation	
IV.	Active Non-Financial Entity – other than 3.2 (I)-(III) (for example, a start-up NFE or a non-profit NFE)	
V.	Passive Non-Financial Entity (If this box is ticked, please complete section B of this form for each Controlling Person(s))	

****Controlling Person(s):**

Please note that each Controlling Person, i.e. the natural person who ultimately has a controlling ownership interest (typically on the basis of a certain percentage (e.g. 25%)) in the Entity, must complete section B “Tax Residency Self-Certification for Controlling Persons” of this form. If there are no natural person(s) who exercise control of the Entity, then the Controlling Person(s) will be the natural person(s) who hold the position of senior managing official of the Entity.

B. Tax Residency Self-Certification for Controlling Persons

Please complete this section for each controlling person, i.e. the natural person who ultimately has a controlling ownership interest (typically on the basis of a certain percentage (e.g. 25%)) in the Entity, which is a passive non-financial entity (“NFE”), or an investment entity located in a non-participating jurisdiction managed by another financial institution. If there are no natural person(s) who exercise control of the Entity, then the Controlling Person(s) will be the natural person(s) who hold the position of senior managing official of the Entity.

Please submit another “Supplement – Tax Residency Self-Certification for Non-Individual (For Claims)” form if there are more than 2 Controlling Persons.

Personal Information of Controlling Person(s)

	Controlling Person 1	Controlling Person 2
Full Name in English		
Date of Birth (YYYY/MM/DD)		
Place of Birth		
Permanent Address	Room/Flat Floor Block Name of Building/Estate	Room/Flat Floor Block Name of Building/Estate
	Street No. & Name City/District	Street No. & Name City/District
	Postal Code Country	Postal Code Country
Correspondence Address (Leave blank if same as Permanent address and read note above)	Room/Flat Floor Block Name of Building/Estate	Room/Flat Floor Block Name of Building/Estate
	Street No. & Name City/District	Street No. & Name City/District
	Postal Code Country	Postal Code Country

Section B1: CRS Declaration of Tax Residency for Controlling Person (Including Hong Kong and/or Macau)

The Company must comply with the following requirements of the Inland Revenue Ordinance to facilitate the Inland Revenue Department of Hong Kong automatically exchanging certain financial account information as provided for thereunder:

(i) to identify certain accounts as “non-excluded financial accounts” (“NEFAs”); (ii) to identify the jurisdiction(s) in which NEFA-holding individuals and certain NEFA-holding entities reside for tax purposes;(iii) to determine the status of certain NEFA-holding entities as “passive NFEs” and identify the jurisdiction(s) in which their “controlling persons” reside for tax purposes;(iv) to collect certain information on NEFAs (“Required Information”); and (v) to furnish certain Required Information to the Inland Revenue Department of Hong Kong (collectively, the “AEOI requirements”).

The Controlling Person agrees to comply with requests made by the Company to comply with the AEOI requirements.

Please indicate the Controlling Person’s country of tax residence for CRS purposes (please list all countries of tax residence, including Hong Kong and/or Macau, and associated taxpayer identification numbers (“TIN”). Please refer to the OECD AEOI Portal for more information on tax residency and TIN.

If a TIN is unavailable please provide the appropriate reason A or B where indicated below:

- Reason A - The country/jurisdiction where the Controlling Person is resident does not issue TINs to its residents.
- Reason B - The Controlling Person is unable to obtain a TIN or equivalent number.

Name of Controlling Person	Country/Jurisdiction of Tax Residence	TIN or equivalent number (Please write “N/A” if TIN is not available)	If no TIN is available, enter Reason A or B	
1.*			<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B
2.			<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B
3.			<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B
4.			<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B
5.			<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B
6.			<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B

*Please put “NIL” in the first box if you have no Tax Residency other than U.S.

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1.*	
2.	
3.	
4.	
5.	
6.	

I/We undertake to advise the Company and provide a duly “Supplement – Tax Residency Self-Certification for Non-Individual” form within 30 days of the occurrence of any change in circumstance which causes any of the information contained in this form to be incorrect.

Section B2: CRS Classification of Controlling Person

Please confirm what type of Controlling Person applicable under CRS that applies to you by ticking the appropriate box.	Controlling Person 1	Controlling Person 2
	Please Tick all that apply	Please Tick all that apply
Controlling Person of a legal person – control by ownership		
Controlling Person of a legal person – control by other means		
Controlling Person of a legal person – senior managing official		
Controlling Person of a trust - settlor		
Controlling Person of a trust – trustee		
Controlling Person of a trust – protector		
Controlling Person of a trust – beneficiary		
Controlling Person of a trust – other		
Controlling Person of a legal arrangement (non-trust) – settlor-equivalent		
Controlling Person of a legal arrangement (non-trust) – trustee-equivalent		
Controlling Person of a legal arrangement (non-trust) – protector-equivalent		
Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent		
Controlling Person of a legal arrangement (non-trust) – other-equivalent		

C. Personal Information Collection Statement

The Company recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (“PDPO”). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use. Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“Purposes”), including: 1). processing and evaluating any applications or requests made by you for products/services offered by the Company and, other companies of the AXA Group (“our affiliates”); 2). providing subsequent services to you, including but not limited to administering the policies issued; 3). any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; 4). evaluating your financial needs; 5). designing products/services for customers; 6). conducting market research for statistical or other purposes; 7). matching any data held which relates to you from time to time for any of the purposes listed herein; 8). making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere; 9). conducting identity and/or credit checks and/or debt collection; 10). complying with the laws of any applicable jurisdiction; 11). carrying out other services in connection with the operation of the Company’s business; and 12). other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to: 1). any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong; 2). any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates; 3). any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same; 4). credit reference agencies or, in the event of default, debt collection agencies; 5). any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and 6). any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere. Transfer of your personal data will only be made for one or more of the Purposes specified above.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
 AXA China Region Insurance Company Limited
 Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong

A reasonable fee may be charged to offset the Company’s administrative and actual costs incurred in complying with your data access requests.

I/WE **ACKNOWLEDGE AND CONFIRM** that I/We have read and understood the Personal Information Collection Statement (“PICS”). I/We **CONFIRM** that I/We have been advised to read carefully the PICS, and I/We have read it carefully its effect and impact in respect of my/Our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/We hereby **GIVE MY/OUR ACKNOWLEDGEMENT AND AGREE** to the use and transfer of my/Our personal data by the Company in accordance with the PICS.

D. Declaration

I, on behalf of myself and other persons referred to in this application (hereinafter referred to as “We” or “Our”), **ACKNOWLEDGE** that this form is supplemental to the application for insurance, change or reinstatement and claims (the “Application Form”) in relation to the above Application No./Policy No. signed by me/Us. **I AGREE AND CONFIRM** that (1) to the best of my knowledge and belief the above statements and answers to all questions are true and complete; (2) the declarations, agreements and authorisations made by me/Us under the Declaration & Authorisation Section of the Application Form shall also apply to this form; and (3) this statement shall form the basis and become a part of the policy to be issued/reinstated or issued by the Company.

Signature of Owner/Claimant/Beneficiary (with company seal and authorized signatory)	Date Signed (YYYY/MM/DD)

I/We **CERTIFY** that I am/we are authorized to sign for the Controlling Person 1 of all the account(s) to which this form relates.

Note: If you are not the Controlling Person 1, please indicate your capacity. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: _____

Print Name of Controlling Person 1 (Print Name of Authorized Person if applicable)	Signature of Controlling Person 1 (Signature of Authorized Person if applicable)	Date Signed (YYYY/MM/DD)

I/We **CERTIFY** that I am/we are authorized to sign for the Controlling Person 2 of all the account(s) to which this form relates.

Note: If you are not the Controlling Person 2, please indicate your capacity. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: _____

Print Name of Controlling Person 2 (Print Name of Authorized Person if applicable)	Signature of Controlling Person 2 (Signature of Authorized Person if applicable)	Date Signed (YYYY/MM/DD)