

Self-Certification Form – Controlling Person

Important Notes:

- This is a self-certification provided by an controlling person to each of CCB International (Holdings) Limited and any of its subsidiaries (including but not limited to CCB International Asset Management Limited, CCB International Securities Limited and CCB International Capital Limited) (collectively, the “Company”) for the purpose of automatic exchange of financial account information (“AEOI”) and the U.S. Foreign Account Tax Compliance Act (“FATCA”). The data collected may be transmitted by the Company to the Hong Kong Inland Revenue Department (“IRD”) or any other relevant domestic or foreign tax authority for transfer to the tax authority of another jurisdiction. The data collected may be transmitted by the Company to the U.S. Internal Revenue Service (“IRS”). The Company may be required under FATCA to impose withholding tax on certain payments to the account(s).
- A controlling person must report all changes in his/her tax residence status to the Company within 30 days of that change.
- Please see the IRD website for the definitions of the terms used in this form and further guidance on AEOI in Hong Kong: http://www.ird.gov.hk/eng/tax/dta_aeoi.htm
- Please see the agreement between Hong Kong and the United States for the implementation of FATCA in Hong Kong: <http://www.fstb.gov.hk/fsb/topical/doc/HK-USIGA.pdf>
- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s).
- If you submit this form together with an Account Opening Form, then this form forms a part of the Account Opening Form.

Part 1 Identification of Controlling Person
(1) Name of Controlling Person

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 3 (e.g. Province, State)

Country

Post Code/ZIP Code

(5) Date of Birth (dd/mm/yyyy)

(6) Place of Birth

Town/City

Province/State

Country

Part 2 The Entity Account Holder(s) of which you are a controlling person

Enter the name of the entity account holder of which you are a controlling person.

Entity	Name of the Entity Account Holder
(1)	
(2)	
(3)	

Part 3 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 controlling person is a **resident for tax purposes** and (b) the controlling person’s TIN for each jurisdiction indicated. Indicate **all** jurisdictions of residence.

If the controlling person is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number.

If you are a tax resident of China, the TIN is the China Identity Card Number.

You are a tax resident of the United States if you are a U.S. citizen, permanent resident ("Green Card" holder), or otherwise a U.S. tax resident under the U.S. Internal Revenue Code. If you are a U.S. tax resident, please fill out the U.S. social security number as the U.S. TIN.

If a TIN is unavailable, provide the appropriate reason A, B or C:

Reason A – The jurisdiction where the controlling person is a resident for tax purposes does not issue TINs to its residents.

Reason B – The controlling person is unable to obtain a TIN. Explain why the controlling person 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 controlling person is unable to obtain a TIN if you have selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			

* If more than 5 jurisdictions, please provide in a separate document and append herein.

Part 4 Type of Controlling Person

Tick the appropriate box to indicate the type of controlling person for each entity stated in Part 2.

Type of Entity	Type of Controlling Person	Entity (1)	Entity (2)	Entity (3)
Legal Person	Individual who has a controlling ownership interest (i.e. not less than 25% of issued share capital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who exercises control/is entitled to exercise control through other means (i.e. not less than 25% of voting rights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who holds the position of senior managing official/ exercises ultimate control over the management of the entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust	Settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Arrangement other than Trust	Individual in a position equivalent/similar to settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being equivalent/similar to settlor/trustee/protector/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5 Declarations and Signature

I agree to provide the Company with all documents, certifications and information that the Company may require at its sole discretion in order to satisfy the Company's obligations under the applicable laws and regulations in Hong Kong and other jurisdictions.

I hereby consent for the Company to disclose and share information, documentation or certification concerning myself, my beneficiaries and third parties for whom I am acting as agent, including but not limited to my personal and account information or records, with any third party, including but not limited to any legal, regulatory, government, tax or law enforcement body within or outside of Hong Kong.

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the Company for the purpose of automatic exchange of financial account information under AEOI and FATCA; (b) such information and information regarding the controlling person and any reportable account(s) may be reported by the Company to the IRD or any other domestic or foreign tax authority 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) and the applicable AEOI rules; and (c) such information and information regarding the controlling person and any reportable account(s) may be reported by the Company to the IRS.

I waive all rights I have, if any, to prohibit or restrict disclosure of information as required under AEOI, FATCA and the applicable domestic and foreign laws and regulations.

I undertake to advise the Company of any change in circumstances which affects the tax residence status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide the Company with a suitably updated self-certification form within 30 days of such change in circumstances.

No provision in this certification shall prejudice any consent, representation, undertaking or indemnity given by me (or on my behalf) or any other obligation or liability undertaken by me (or on my behalf) under or in connection with any agreement between myself and the Company, including but not limited to the applicable terms & conditions.

I certify that I am the controlling person or that I am authorized to sign for the controlling person of all the account(s) to which this form relates.

In the case of any inconsistency between the English version and the Chinese translation of this form, the English version shall apply and prevail.

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.

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.