



个人税收居民身份声明文件

Individual Tax Residency Self-certification Form

(军人、武装警察开立账户无需填写本声明)

Military or armed police force is not required to fill in this form

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 姓名<br>Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 开户证件类型<br>Certificate Type  | <div><input checked="" type="checkbox"/> 居民身份证 ID Card <input type="checkbox"/> 户口簿 Householder Register <input type="checkbox"/><br/><input type="checkbox"/> 临时身份证 Temporary ID Card <input type="checkbox"/> 护照 Passport<br/><input type="checkbox"/> 警官证 Certificate of Police <input type="checkbox"/> 军官证 Certificate of police<br/><input type="checkbox"/> 港澳居民往来内地通行证 Mainland Travel Permit for Hong Kong and Macao Residents<br/><input type="checkbox"/> 台湾居民来往大陆通行证 Mainland Travel Permit for Taiwan Residents <input type="checkbox"/> 边民出入境通行证 Bord Residents Pass<br/><input type="checkbox"/> 外国人永久居住证 Foreigner's Permanent Residence Card<br/><input type="checkbox"/> 士兵证 Certificate of Soldiers<br/><input type="checkbox"/> 外国人永久居留身份证 Foreigner's Permanent Residence ID Card</div> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 证件号码<br>Certificate No.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 一、税收居民身份声明（单选）<br>I、Tax residency self-certiflcation(Select the most applicable choice) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 本人声明为：<br>I declare that I am a:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|--|------------------------|--|----|
| <input checked="" type="checkbox"/> ■ 1. 仅为中国税收居民 PRC tax resident only  |                        |  |    |
| <input type="checkbox"/> □ 2. 仅为非居民 Non-resident only  |                        |  |    |
| <input type="checkbox"/> □ 3. 即是中国税收居民又是其他国家(地区)税收居民 Both PRC and tax resident in other jurisdiction   |                        |  |    |
| 如在以上选项中勾选第 1 项, 请直接填写第四栏信息; 如勾选第 2 项或者第 3 项, 请继续填写本表二至四栏信息。<br>If "PRC tax resident only" is selected, please sign off Section IV only;<br>If "Non-resident only" or "Both PRC and tax resident in other jurisdiction" is selected, please Complete Section II to III and sign off Section IV. |                        |  |    |
| 二、基本信息   |                        |  |    |
| II、Basic Information   |                        |  |    |
| 姓名<br>Name   |                        |  |    |
| 现居地址 (英文或拼音)<br>Residential Address<br>(English or pinyin)<br>注: 请具体到门牌号或房间号<br>Note: Please provide detailed address  |                        |  |    |
| 出生日期<br>Date of Birth  | 年 月 日<br>YearMonthDate | 出生国家 / 地区 (中文或英文)<br>Place of Birth (Chinese or English)                         | 中国 |
| 三、税收居民国(地区)及纳税人识别号   |                        |  |    |
| III、Country/Jurisdiction of tax residence and Identification Number (TIN)  |                        |  |    |
| 税收居民国(地区)<br>(中文或英文)<br>Country/jurisdiction of tax residence<br>(Chinese or English)  | 居民国(地区)纳税人识别号<br>TIN   | 若无法提供纳税人识别号,<br>请选择原因 A 或 B<br>If a TIN unavailable, please select reason A or B |    |
| 1.   |                        |  |    |
| 2.   |                        |  |    |
| 3.   |                        |  |    |
| 原因 A: 居民国(地区)不发放纳税人识别号。<br>Reason A: The Country/Jurisdiction of residence where the Individual is resident does not issue TINs to its residents.  |                        |  |    |
| 原因 B: 账户持有人不能取得纳税人识别号(若选择此原因, 请解释未能取得纳税人识别号的具  |                        |  |    |

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| 体原因) (中文或英文)。<br>Reason B: The Account Holder is otherwise unable to obtain a TIN (If reason B is selected, please explain why The Controlling Person is unable to obtain a TIN) (Chinese/English)  |
| 四、声明和签署<br>IV. Declaration and Signature  |
| 本人确认上述信息的真实、准确和完整, 且当这些信息发生变更时, 将在 30 日内通知中国民生银行, 否则, 本人承担由此造成的不利后果。(代理人签署时, 代理人应提供账户持有人的书面授权书。)<br>I hereby confirm the authenticity, accuracy and completeness of the above mentioned information, and will notify the CMBC within 30 days when there is a change of circumstances, otherwise, I will bear any adverse consequences.<br>Note: If this form is signed by attorney should provide the written authorization from the account holder.<br><div>本人签署 Signature:<br/>或 Or 代理人签署 Signature of Attorney:<br/><div>日期: 年 月 日<br/>Date YearMonthDay</div></div> |
| 以上内容已经过我行合理性审核。<br>Above information has been reviewed by the CMBC.<br>审核经办:<br>Reviewer  |