



致：集友銀行有限公司(「銀行」)
To: Chiyu Banking Corporation Limited(“the Bank”)

資料補充續頁(實體)
Supplementary Information Continuation Sheet (Entity)

銀行專用 For bank use only
客戶號 Customer No. :
開戶銀行/分行號 Bank/Branch No : 039/.....

客戶名稱 Name of Customer ("Customer")	
<p>本資料補充續頁(實體)是《自我證明表格(實體)》(簽署日期：.....年.....月.....日)的延續並在任何時候均為該相關文件的一部份。</p> <p>This Supplementary Information Continuation Sheet (Entity) is a continuation of Self-Certification Form (Entity) (Signed and dated :)and at all times forms part of the relevant document.</p>	

第一部 控權人 (如實體賬戶持有人是被動非財務實體，填寫此部)
Part 1 Controlling Persons (Complete this part if the entity account holder is a passive NFE)

就賬戶持有人，填寫所有控權人的姓名在列表內。就法人實體，如行使控制權的並非自然人，控權人會是該法人實體的高級管理人員。
Indicate the name of all controlling person(s) of the account holder in the table below. If no natural person exercises control over an entity which is a legal person, the controlling person will be the individual holding the position of senior managing official.

每名控權人須分別填寫一份“自我證明表格(實體)- 附件”
Complete “Self-Certification Form (Entity) - Annex” for each controlling person.

()	()
()	()
()	()
()	()
()	()

第二部 居留司法管轄區及稅務編號或具有等同功能的識別編號(以下簡稱「稅務編號」)*
Part 2 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”)*

居留司法管轄區 Jurisdiction of Residence	稅務編號 TIN	如沒有提供稅務編號， 勾選理由 A、B 或 C Tick Reason A, B or C if no TIN is available	如選取理由 B，解釋賬戶持有人不能取得稅務編號的原因 Explain why the account holder is unable to obtain a TIN if you have selected Reason B
()		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
()		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
()		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
()		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
()		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
()		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
()		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
()		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
()		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
()		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	



集友銀行

Chiyu Banking Corporation Ltd.
香港德輔道中七十八號 78, DES VOEUX ROAD CENTRAL, HONG KONG

第三部 聲明及簽署

Part 3 Declarations and Signature

本人謹此確認在本《資料補充續頁(實體)》提供予銀行的資料正確無誤，並同意將會通知銀行有關資料的任何改變。本人進一步確認《資料補充續頁(實體)》是《自我證明表格(實體)》(視屬何情況而定)的延續，並在任何時候均為該相關文件的一部份。

I hereby confirm that the information provided by me to the Bank in this Supplementary Information Continuation Sheet (Entity) is accurate and correct and agrees to notify the Bank of any change to that information. I further confirm that this Supplementary Information Continuation Sheet (Entity) is a continuation of Self-Certification Form (Entity) (as the case may be) and at all times forms part of the relevant document.

代表客戶簽署，簽署日期為 Signed for and on behalf of the Customer on 年 Year 月 Month 日 Date

合夥人 / 註冊司理人 /
董事 / 被授權簽字 /
信託的受託人
Partner / Registered Manager /
Director / Authorised
Signatory/Trustee of a trust *

合夥人 / 註冊司理人 /
董事 / 被授權簽字 /
信託的受託人
Partner/ Registered Manager /
Director / Authorised
Signatory/Trustee of a trust *

合夥人 / 註冊司理人 /
董事 / 被授權簽字 /
信託的受託人
Partner/ Registered Manager /
Director / Authorised
Signatory/Trustee of a trust *

合夥人 / 註冊司理人 /
董事 / 被授權簽字 /
信託的受託人
Partner/ Registered Manager /
Director / Authorised Signatory
/Trustee of a trust *

姓名 Name :

姓名 Name :

姓名 Name :

姓名 Name :

註：客戶簽署須由所有合夥人、所有註冊司理人、所有信託的受託人、任何一位董事或被授權簽字人之簽署安排簽署。

Note: This Form should be signed by all Partners, all Registered Manager(s), all Trustee of a trust, any one Director or Authorised Signatory(ies) according to the signing arrangement.

(*請刪除不適用者)

(*delete as appropriate)

銀行專用 For Bank Use Only (*請刪除不適用者 Please delete as appropriate)			
見證人/經辦/核印* 簽章及職員編號： Signature & staff no. of Witness/Maker/SV*:	控制行： Controlling Branch:	客戶經理編號： Customer Manager No.:	聯繫電話： Phone No:
見證人/經辦/核印* 簽章及職員編號： Signature & staff no. of Witness/Maker/SV*:	覆核簽章及職員編號： Signature of Checker and Staff No.:		接辦單位： Handled By:
見證人/經辦/核印* 簽章及職員編號： Signature & staff no. of Witness/Maker/SV*:	覆核簽章及職員編號： Signature of Checker and Staff No.:		備註： Remark: