

**THE HOSPITAL AUTHORITY PROVIDENT FUND SCHEME (“HAPFS”)
INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION FORM**

Important Notes (please read before completing this form):

1. **Mandatory fields are marked as (*)**. Please read Section II Personal Information Collection Statement before completing this form.
2. Passport number should be given only if you do not possess a HKID card.
3. **The Personal Information provided in Section I below, including name, Identity document number, date of birth and residential address, will form part of your self-certification for the purpose of Automatic Exchange of Financial Account Information (“AEOI”).**
4. We **MUST** obtain the complete and valid tax residency self-certification for the setting up of member record. To avoid any delay in the setting up of member record and contribution settlement (if any), please read and complete all the appropriate sections below (if applicable).
5. Please tick the appropriate box. Any amendments should be clearly marked and counter-signed.
6. Account holder may refer to Members of the HAPFS or Beneficiary.

Please return the completed form to Hospital Authority(if applicable) or HSBC Institutional Trust Services (Asia) Limited, Member Services, PO Box 73448, Kowloon Central Post Office, Hong Kong.

Section I. Personal Information of Account Holder

Employer Name <input style="width: 80%;" type="text" value="HOSPITAL AUTHORITY"/> (if applicable)			
* English Name			
Title (e.g. Mr, Mrs, Ms, Miss) <input style="width: 80%;" type="text"/>			
Last Name or Surname <input style="width: 30%;" type="text"/>		First or Given Name <input style="width: 30%;" type="text"/>	Middle Name(s) <input style="width: 30%;" type="text"/>
Chinese Name			
* <input type="checkbox"/> HKID Card / <input type="checkbox"/> Passport No			
* Date of Birth (DD/MM/YYYY) <input style="width: 40%;" type="text"/>		Place of Birth	
		Town /City <input style="width: 40%;" type="text"/>	
		Province/State <input style="width: 20%;" type="text"/> Country <input style="width: 20%;" type="text"/>	
*Residential Address			
Flat / Room <input style="width: 20%;" type="text"/>	Floor <input style="width: 20%;" type="text"/>	Block <input style="width: 20%;" type="text"/>	
Building / Estate Name <input style="width: 30%;" type="text"/>	District <input style="width: 20%;" type="text"/>	<input type="checkbox"/> H.K / <input type="checkbox"/> KIn. / <input type="checkbox"/> N.T.	
Number & Name of Street <input style="width: 40%;" type="text"/>	City <input style="width: 20%;" type="text"/>	Province, State <input style="width: 20%;" type="text"/>	
Country <input style="width: 20%;" type="text"/>	Post Code / ZIP Code <input style="width: 40%;" type="text"/>		
*Mailing Address (Complete if different to the current residence address)			
Flat / Room <input style="width: 20%;" type="text"/>	Floor <input style="width: 20%;" type="text"/>	Block <input style="width: 20%;" type="text"/>	
Building / Estate Name <input style="width: 30%;" type="text"/>	District <input style="width: 20%;" type="text"/>	<input type="checkbox"/> H.K / <input type="checkbox"/> KIn. / <input type="checkbox"/> N.T.	
Number & Name of Street <input style="width: 40%;" type="text"/>	City <input style="width: 20%;" type="text"/>	Province, State <input style="width: 20%;" type="text"/>	
Country <input style="width: 20%;" type="text"/>	Post Code / ZIP Code <input style="width: 40%;" type="text"/>		
*Contact No.	Country Code	Area Code	Number
<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>
Email address <input style="width: 80%;" type="text"/>			

IMPORTANT: In submitting this form, you must complete all mandatory fields in Section I above (the "Personal Information"). Also, whenever there is any change of circumstances which renders any of your Personal Information out-of-date, or that causes the trustees of HAPFS and any entity(ies) of the HSBC Group to know or have reason to know that any such Personal Information is incorrect, unreliable or out-of-date, you must promptly and in any event within 30 days of the change of circumstances provide to us the updated information (any such updated information will form part of the Personal Information) by completing the "Individual Tax Residency Self-Certification Form". Any Personal Information provided to us may be used for the purposes, and/or may be transferred to such parties, as set out in Section II. Where you fail to provide or update the Personal Information, the trustees of HAPFS and any entity(ies) of the HSBC Group may, to the extent not prohibited by the applicable law, take such actions or decide not to take certain actions, in order for them and/or the HSBC Group to meet the Compliance Obligations (as defined in Section II).

Section II. Personal Information Collection Statement

Personal Information Collection Statement for Retirement Schemes administered by the HSBC Group

1. The personal data provided by Participating Employers (if applicable) and/or the trustees of the HAPFS (if applicable) and/or Members and/or Beneficiary (if applicable) and details of transactions or dealings by such Participating Employers (if applicable) and/or the trustees of the HAPFS (if applicable) and/or Members and/or Beneficiary (if applicable) from time to time may be used for one or more of the following purposes: - (i) the administration and/or management of or in connection with the contributions or benefits or accounts in respect of the Participating Employers (if applicable) and/or Members and/or Beneficiary (if applicable) under the retirement schemes administered by the HSBC Group; (ii) improving and furthering the provision of occupational retirement scheme products and/or services (including through customer research or surveys) by entities of the HSBC Group, subject to applicable legislation; (iii) matching for occupational retirement scheme related purpose with other personal data concerning the relevant Participating Employers (if applicable) and/or Members and/or Beneficiary (if applicable); (iv) compliance or in accordance with an order of a court, or compliance or in accordance with a law or a requirement made under a law (e.g. the Inland Revenue Ordinance and its provisions including those concerning automatic exchange of financial account information), or compliance or in accordance with any agreement or treaty or any present or future contractual or other commitment with any regulators or government authorities in any jurisdictions, including but not limited to an agreement by one or more entities of the HSBC Group under the provisions of U.S. tax law known as the Foreign Account Tax Compliance Act ('FATCA'), and the guidelines, guidance or requests given or issued by the Inland Revenue Department including those concerning automatic exchange of financial account information (collectively, the 'Compliance Obligations').
2. Failure to provide your information may result in us being unable to process your application or perform the services you request.
3. Personal data held by us relating to a Participating Employer (if applicable) and/or Member and/or Beneficiary (if applicable) will be kept confidential but, to the extent not prohibited by applicable law, such information may be provided by us or any of our service providers or their agents/delegates to the following parties for the purposes set out in paragraph 1: - (i) any regulators or government authorities in any jurisdiction; (ii) any service provider, agent or contractor who provides administrative, telecommunications, computer, payment, data processing, matching, storage, customer research or survey or other services in connection with the operation of our occupational retirement scheme business or meeting the Compliance Obligations; (iii) the trustees of the HAPFS and/or relevant Participating Employers (if applicable); (iv) entities of the HSBC Group. Such information may be transferred to a place outside Hong Kong Special Administrative Region. In case the HSBC Group ceases to administer the HAPFS, the information collected by the HSBC Group shall be transferred to the trustees of the HAPFS, the Employers and/or the new service provider as appropriate.
4. You have the right to request access to and correction of your personal data held by us. Request should be addressed to: The Data Protection Officer, HSBC Institutional Trust Services (Asia) Limited, P.O. Box 73448, Kowloon Central Post Office, Hong Kong.
5. No person other than you and us will have any right under the Contracts (Rights of Third Parties) Ordinance to enforce or enjoy the benefit of any of the provisions of these Terms and Conditions.

Issued by HSBC Institutional Trust Services (Asia) Limited

Section III. Tax Residency Self-Certification (Mandatory)

- This is a self-certification provided by you for the purpose of Automatic Exchange of Financial Account Information ("AEOI") in compliance with tax law and regulations (including but not limited to the Inland Revenue Ordinance (Cap.112) and regulations based on the Organisation for Economic Co-operation and Development (OECD) Common Reporting Standard ("CRS") for automatic exchange of information). The data collected in Section I, Section III and Section IV of this self-certification and may be transmitted to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.
- This self-certification will remain valid unless there is any change in circumstances relating to your status of tax residency. You must notify us within 30 days if there is any change in circumstances that makes any of the information provided in Section I, Section III or Section IV incorrect or incomplete and provide an updated self-certification form by completing the "Individual Tax Residency Self-Certification Form" (if applicable).
- We **MUST** obtain the complete and valid tax residency self-certification for the setting up of member record. To avoid any delay in the setting up of member record and contribution settlement (if any), please read and complete all the appropriate parts (if applicable).
- All relevant identification/verification documentation must be provided by you upon request. Failure to provide us with the information and other personal data as requested may result in your application/instruction not being able to be processed.
- We are unable to give tax or legal advice to you. If you have any questions regarding your tax residency, please consult your tax adviser or visit the OECD and Inland Revenue Department's AEOI website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/> and http://www.ird.gov.hk/eng/tax/dta_aeoi.htm respectively.

**Your HKID card no. is your Taxpayer Identification Number (TIN) as Hong Kong tax resident*

Section III. Tax Residency Self-Certification (Cont.)

Section III(1)

I hereby declare that, to the best of my knowledge and belief: (Please put "✓" in the box as appropriate)

My Tax Residence is

- Hong Kong ONLY**, with no tax residence in any other jurisdictions or countries (and my HKID number is my TIN) (Skip III(2) if you tick this box.)
- Hong Kong AND also some other jurisdictions or countries** (Please fill out III(2) table.)
- NOT Hong Kong**, but instead some **other jurisdictions or countries** (Please fill out III(2) table.)

Section III(2)

Please list all countries/jurisdictions (other than Hong Kong) where you are a resident for tax purposes and Taxpayer Identification Number or its Functional Equivalent (TIN) for each country/jurisdiction. If the space provided is insufficient, please provide it in the below format on additional sheet(s).

Country/Jurisdiction of Tax Residency	TIN <small>Remarks 1</small>	If no TIN is available, please indicate Reason A, B or C below <small>Remarks 2</small>	Please explain why you are unable to obtain a TIN if you have selected Reason B.
1			
2			
3			
4			

Remarks :

- If you are PRC Resident Identity Card holder, the TIN is the PRC Resident Identity Card number.
- Reason A:** The country/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. (Please explain why you are unable to obtain TIN in the above table if you have selected this reason.)
Reason C: No TIN is required. (Note: Only select this reason if the authorities of the relevant jurisdiction of residence does not require the TIN to be disclosed.)

Section IV. Declaration and Authorisation

I undertake to advise trustees of the HAPFS and/or HSBC Institutional Trust Services (Asia) Limited (the "HAPFS's Member Administrator") of any change in circumstances which affects the tax residency status of the individual identified in this self-certification or causes the information contained herein to become incorrect or incomplete, and to provide the trustees of HAPFS and/or HAPFS's Member Administrator with a suitably updated self-certification form within 30 days of such change in circumstances by completing the "Individual Tax Residency Self-Certification Form"(if applicable).

I acknowledge and agree that (a) the information contained in this self-certification (comprising the contents of Section I, III and IV as herein described as forming parts of the self-certification) is collected and may be kept by the HAPFS 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 the HAPFS to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another country/countries or jurisdiction(s) 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 (c) I agree to the obligation that the account holder must comply with requests made by the trustees of HAPFS and/or HAPFS's Member Administrator or its authorized person(s) to comply with the CRS (AEOI) requirements under the Inland Revenue Ordinance and/or applicable law and regulation, and such obligation forms the basis of the account to be opened.

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.

I certify that I am the account holder / I am authorized to sign for the account holder of all the accounts to which this form relates.

<p>_____ Signature of Member^A/ Beneficiary/ Authorized Signatory[#] (^AMust be identical to the HAPFS's Member Administrator's record)</p>	<p>#Indicate the capacity if you are not the individual identified in this Part I. If signing under a power of attorney or as parent or guardian, please attach a certified copy of the power of attorney/provide any required documentation of your authority.</p>
<p>Date:</p>	<p>_____</p>

WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification (comprising the contents herein described as forming parts of the 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. HK\$10,000).