

更改客戶姓名, 身份證明文件資料及客戶簽署式樣
CHANGE OF NAME, IDENTITY DOCUMENT AND SPECIMEN SIGNATURE

* 此欄必須填寫 Mandatory Fields

* 帳戶號碼 Account Number:
* 帳戶名稱 Account Name:
* 日間聯絡電話號碼 Day Time Contact No:
* 生效日期 Effective Date: (DD/MM/YYYY)

須更改之資料如下 Please update my/our information as below [請在相關之方格內打✓ Please ✓ the appropriate box]

1. 更改帳戶持有人名稱 Change in Account Name:
原有名稱 Former Name:
新更改名稱 New Name:
英文 English
中文 Chinese
請提供證明文件(如改名契、公証人或法定機構發出之證明)、載有新更改名字之身份證明文件(正本或經確認之副本)及在京華山一登記之身份證明文件(正本或經確認之副本)(如有)。
Please provide supporting document (e.g. deed poll / notarization document / certificate issued by statutory bodies), the identity document (original or certified true copy) with new name and the identity document (original or certified true copy) registered in CPY, if any.
聲明 Declaration:
本人在此聲明, 在本人獲得了新的身份證明文件/護照後, 本人的身份證明文件/護照上原有名稱已經改變。本人/我們願意承擔為京華山一集團一切因本人之身份證明文件/護照上名稱改變引起所帶來之任何損失或責任。
I declare that the name displayed on my identity document/passport had been changed after I received the new one. I/We will indemnify Core Pacific-Yamaichi Group from any losses or liabilities arising from the change of the name displayed on my identity document/passport.

2. 更改帳戶持有人身份證明文件號碼 / 護照號碼 Change in Identity Document / Passport Number:
身份證明文件類別
Types of identity document:
新身份證明文件/護照簽發國家
New identity document/passport issuing Country:
新身份證明文件號碼/護照號碼
New identity document/passport number:
請提供新身份證明文件/護照(正本或經確認之副本)及在京華山一登記之身份證明文件/護照(正本或經確認之副本)(如有)。
Please provide the new identity document/passport (original or certified true copy) and the identity document/passport (original or certified true copy) registered in CPY, if any.
聲明 Declaration:
本人在此聲明, 在本人獲得了新的身份證明文件/護照後, 本人的身份證明文件號碼/護照號碼已經改變。兩張身份證明文件/護照上的姓名代表的是同一人。本人/我們願意承擔為京華山一集團一切因本人之身份證明文件號碼/護照號碼改變引起所帶來之任何損失或責任。
I declare that my identity document/passport number had been changed after I received the new one. The names on both identity documents/passports represent the same person. I/We will indemnify Core Pacific-Yamaichi Group from any losses or liabilities arising from this identity document/passport number changed.

3. 更改帳戶持有人簽署式樣 Change in Account Holder's Specimen Signature:
帳戶持有人之新簽署式樣 Account holder's new specimen signature:
個人/基本聯名帳戶持有人
Individual / Primary Joint Account Holder:
第二聯名帳戶持有人
Secondary Joint Account Holder:
請提供身份證明文件(正本或經確認之副本)。 Please provide the identity document (original or certified true copy).
聲明 Declaration:
本人/我們願意承擔一切因更改帳戶簽署式樣而為京華山一集團所帶來之任何損失或責任。
I/We will indemnify Core Pacific-Yamaichi Group from any losses or liabilities arising from this change of specimen signature.

*必須填寫 Mandatory
4. 共同匯報標準-自我證明表格 Self-Certification for Common Reporting Standard
本人/我們確定共同匯報標準之自我證明內容沒有更改
I/We confirm there is no change to my Self-Certification for Common Reporting Standard
本人/我們更改共同匯報標準之自我證明內容(必須重新填寫共同匯報標準-自我證明表格如下)
I/We have to update the Self-Certification for Common Reporting Standard (Mandatory to fill in Self-Certification for Common Reporting Standard)

AMENDMENTS

請提供以下資料，列明（a）帳戶持有人的居留司法管轄區，亦即帳戶持有人的稅務管轄區（香港包括在內）及（b）該居留司法管轄區發給帳戶持有人的稅務編號。列出所有（不限於3個）居留司法管轄區。

如帳戶持有人是香港稅務居民，稅務編號是其香港身份證號碼。

如沒有提供稅務編號，必須填寫合適的理由：

理由 A – 帳戶持有人的居留司法管轄區並沒有向其居民發出稅務編號。

理由 B – 帳戶持有人不能取得稅務編號。如選取這一理由，解釋帳戶持有人不能取得稅務編號的原因。

理由 C – 帳戶持有人毋須提供稅務編號。居留司法管轄區的主管機關不需要帳戶持有人披露稅務編號。

Please complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where the account holder is a resident for tax purposes and (b) the account holder's TIN for each jurisdiction indicated. Indicate all (not restricted to three) jurisdictions of residence.

If the account holder is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number.

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

Reason A – The 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. Explain why the account holder 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

稅務管轄權所屬國家/地區 Jurisdiction of tax residence	稅務管轄權所屬國家/地區之稅務識別號碼 TIN*	如客戶未能提供有關稅務管轄權所屬國家/地區之稅務識別號碼須提供以下 A,B 或 C 原因。 Enter Reason A, B or C if no TIN is available	如選取理由 B，解釋帳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**
1			
2			
3			

*例: 如帳戶持有人是香港稅務居民，稅務編號是其香港身份證號碼；中國之 TIN 稱為公民身份號碼。不同國家/地區之稅務識別號碼 TIN 規範及詳情，請參閱國際經合組織官方網站 <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

E.g. If the account holder is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number, and the CRS TIN for a Chinese individual will be the ID number on the Chinese ID card. For the domestic rules of TIN of different jurisdictions, please refer to OECD website: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

本人知悉及同意，財務機構可根據《稅務條例》（第 112 章）有關交換財務帳戶資料的法律條文，（a）收集本表格所載資料並可備存作自動交換財務帳戶資料用途及（b）把該等資料和關於帳戶持有人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報。從而把資料轉交到帳戶持有人的居留司法管轄區的稅務當局。本人證明，就與本表格所有相關的帳戶，本人獲帳戶持有人授權簽署本表格。

本人承諾，如情況有所改變，以致影響本表格所述的實體的稅務居民身分，或引致本表格所載的資料不正確，本人會通知京華山一國際及／或京華山一期貨，並會在情況發生改變後 30 日內，向京華山一國際及／或京華山一期貨提交一份已適當更新的自我證明表格。

本人聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the financial institution 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 financial institution to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region 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).

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

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

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.

警告:根據《稅務條例》第80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第3級（即\$10,000）罰款。

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. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000).

客戶簽署 Customer Signature(s):

(請用閣下於開戶書上之簽署式樣)
(same as specimen on Account Opening Form)

(所有聯名客戶必須簽署)
(All account holders of joint account must sign jointly)
日期 Date: _____

For Internal Use Only

本人聲明就本人所知所信，帳戶持有人填報的所有資料及聲明均屬真實，正確和完備I declare that the information given by the account holder and statements made in this form are, to my best knowledge and belief, true, correct and complete.

AE Name:	AE Signature	Date
AOT		
Client Signature verify by	Input by	Authorized by
Date	Date	Date
Customer Services Department:		

請將填妥表格，交回香港灣仔港灣道 26 號華潤大廈 11 樓1101室 京華山一國際(香港)有限公司 AOT 收。
Please return signed form to Core Pacific - Yamaichi International (H.K.) Limited - AOT, Room 1101, 11/F, China Resources Building, 26 Harbour Road, Wanchai, Hong Kong.

Form **W-8BEN**

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

► For use by individuals. Entities must use Form W-8BEN-E.

► Go to www.irs.gov/FormW8BEN for instructions and the latest information.

► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Instead, use Form:**Note:** If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.**Part I Identification of Beneficial Owner** (see instructions)

1 Name of individual who is the beneficial owner	2 Country of citizenship
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.	
City or town, state or province. Include postal code where appropriate.	Country
4 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	
6a Foreign tax identifying number (see instructions)	6b Check if FTIN not legally required <input type="checkbox"/>
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

- 9** I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.
- 10 Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____.
- Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.****Sign Here**☐ I certify that I have the capacity to sign for the person identified on line 1 of this form._____
Signature of beneficial owner (or individual authorized to sign for beneficial owner)_____
Date (MM-DD-YYYY)_____
Print name of signer