

To: Southwest Securities (HK) Brokerage Limited ("SWSB") /Southwest Securities (HK) Futures Limited ("SWSFL")

40/F., Lee Garden One, 33 Hysan Avenue, Causeway Bay, Hong Kong.

Account Number:

## Controlling Person Tax Residency Self-Certification Form (CRS)

Important Notes:

- This is a self-certification form provided by a controlling person to SWSB/SWSFL for the purpose of automatic exchange of financial account information. The data collected may be transmitted by SWSB/SWSFL to the Inland Revenue Department (IRD) for transfer to the tax authority of another jurisdiction and/or directly to the tax authority of another jurisdiction.
- A controlling person should report all changes in his/her tax residency status to SWSB/SWSFL.
- As a financial institution, SWSB/SWSFL is not allowed to give tax or legal advice. If a controlling
  person has any questions regarding his/her tax residency, please consult professional tax
  adviser or go to OECD's website http://www.oecd.org/tax/automatic-exchange/crsimplementation-and-assistance or IRD's website http://www.ird.gov.hk/chi/tax/dta\_aeoi.htm for
  the information about CRS.
- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields/parts marked with as asterisk (\*) are required to be reported by SWSB/SWSFL to the IRD.

Name of Controlling Person       Surname*       Given Name*       Middle Name(s)         Mr       Mrs       Mrs       Miss       Miss         Hong Kong Identity Card or Passport Number       Date of Birth *       (dd/mm/yyyy)         Place of Birth       (Town/ City)       (Province/State)       (Country)         Current Residence Address       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (Country) *       (City) *       (City) *       (City) *         Mailing Address (Please complete if different to the current residence address)       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (District)       (Country) *       (District)       (District)       (District)         (Street/Road)       (Floor)       (Block)       (Building)       (District)       (District)         (Country) *       (Province/State)       (District)       (District)       (District)       (District)         (Province/State)       (Country)       (Post Code)       (City)       (Post Code)       (District)	Part 1 – Controlling Pers	son's information				
Mr       Mrs       Mrs         Ms       Miss         Hong Kong Identity Card or Passport Number       Date of Birth * (dd/mm/yyyy)         Place of Birth       (Town/ City)       (Province/State)       (Country)         Current Residence Address       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (District)       (Province/State)       (City) *         (Country) *       (Post Code)       (Suite)       (Floor)       (Block)       (Building)         Mailing Address (Please complete if different to the current residence address)       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (City)       (Province/State)       (District)         (Province/State)       (City)       (District)       (District)	Name of Controlling	Surname*	Given Name*		Middle Name(s)	
Ms       Miss         Hong Kong Identity Card or Passport Number       Date of Birth * (dd/mm/yyyy)         Place of Birth       (Town/ City)       (Province/State)       (Country)         Current Residence Address       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (District)       (City) *       (City) *       (Post Code)         Mailing Address (Please complete if different to the current residence address)       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (City) *       (Post Code)       (District)       (District)       (District)         (Street/Road)       (Floor)       (Block)       (Building)       (District)       (District)         (Street/Road)       (Country) *       (Post Code)       (District)       (District)       (District)	Person					
Hong Kong Identity Card or Passport Number       Date of Birth * (dd/mm/yyyy)         Place of Birth       (Town/ City)       (Province/State)       (Country)         Current Residence Address       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (District)       (Province/State)       (City) *         (Country) *       (Post Code)       (Country) *       (Post Code)         Mailing Address (Please complete if different to the current residence address)       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (City) *       (Post Code)       (District)       (District)         (Street/Road)       (Province/State)       (District)       (District)	🗆 Mr 🗌 Mrs					
or Passport Number     (Town/ City)     (Province/State)     (Country)       Current Residence Address     (Suite)     (Floor)     (Block)     (Building)       (Street/Road)     (District)       (Province/State)     (City) *       (Country) *     (Post Code)       Mailing Address (Please complete if different to the current residence address)     (Suite)     (Floor)     (Block)     (Building)       (Street/Road)     (Country) *     (Post Code)       (Street/Road)     (District)     (District)       (Street/Road)     (District)     (District)						
Place of Birth       (Town/City)       (Province/State)       (Country)         Current Residence       (Suite)       (Floor)       (Block)       (Building)         Address       (Suite)       (Floor)       (Block)       (District)         (City) *       (Province/State)       (City) *         Mailing Address (Please complete if different to the current residence address)       (Suite)       (Floor)       (Block)       (Building)         (Suite)       (Suite)       (Floor)       (Block)       (Building)         (Suite)       (Floor)       (Block)       (Building)         (Country) *       (Country) *       (Post Code)         (City) *       (Suite)       (Floor)       (Block)       (Building)         (District)       (Suite)       (Floor)       (Block)       (District)         (District)       (Province/State)       (City)       (District)				Date of E	Birth *	(dd/mm/yyyy)
Current Residence       (Suite)       (Floor)       (Block)       (Building)         Address       (Street/Road)       (District)         (Province/State)       (City)*         (Country)*       (Post Code)         Mailing Address (Please complete if different to the current residence address)       (Street/Road)       (Building)         (Street/Road)       (District)       (District)         (Province/State)       (City) *       (District)         (Street/Road)       (District)         (City)       (Street/Road)       (District)						
Address       (Street/Road)       (District)         (Province/State)       (City) *         (Country) *       (Post Code)         Mailing Address (Please complete if different to the current residence address)       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (Street/Road)       (District)       (District)	Place of Birth	(Te	own/ City)	(Province/	State)	(Country)
Address       (Street/Road)       (District)         (Province/State)       (City)*         (Country)*       (Post Code)         Mailing Address (Please complete if different to the current residence address)       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (Street/Road)       (District)       (District)						
Mailing Address (Please complete if different to the current residence address)       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (City) *       (Country) *       (Post Code)       (City) *         (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (District)       (District)         (Street/Road)       (City)       (City)		(S	uite) (Floor)	(Block)		(Building)
Mailing Address (Please complete if different to the current residence address)       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (District)         (Province/State)       (City)	Address					
Mailing Address (Please complete if different to the current residence address)       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (Street/Road)       (District)         (Province/State)       (City)		(Street/Road) (Distric			(District)	
Mailing Address (Please complete if different to the current residence address)       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (Street/Road)       (District)         (Province/State)       (City)						
Mailing Address (Please complete if different to the current residence address)       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (Street/Road)       (District)         (Province/State)       (City)		(Province/State) (City				(City) *
Mailing Address (Please complete if different to the current residence address)       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (District)         (Province/State)       (City)						
Mailing Address (Please complete if different to the current residence address)       (Suite)       (Floor)       (Block)       (Building)         (Street/Road)       (District)         (Province/State)       (City)		(Country) * (Post Code)				
complete if different to the current residence address)       (Street/Road)       (District)         (Province/State)       (City)			(			(* •••••••••)
complete if different to the current residence address)       (Street/Road)       (District)         (Province/State)       (City)	Mailing Address (Please	(5	uite) (Floor)	(Block)	1	(Building)
the current residence address) (Street/Road) (District) (Province/State) (City)		(0		(Blook)		(Ballang)
address) (Street/Road) (District)						
(Province/State) (City)		(Street/Road) (District)				
(Country) (Post Code)		(Province/State) (City				(City)
(Country) (Post Code)						
			(Country)			(Post Code)



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

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

## Part 3 – Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN") \*

Please complete the following table indicating (a) all 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. For more than 5 jurisdictions of residence, please use a separate sheet.

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

For tax information of residency rules of all committed jurisdiction, please refer to OECD's website http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760.

Jurisdiction of Residence	<u>TIN</u>	Please enter Reason A, B or C if no TIN is available	Please explain why the controlling person is unable to obtain a TIN if you have selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			

If a TIN is unavailable, please 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 account holder is unable to obtain a TIN. Please 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.



	f Controllling Person			
	propriate box to indicate the type of controlling person f			
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)			
	Individual who exercises control/is entitled to			
	exercise control through other means (i.e. not less			
	than 25% of voting rights)			
	Individual who holds the position of senior managing			
	official/ exercises ultimate control over the			
	management of the entity			
Trust	Settlor			
	Trustee			
	Protector			
	Beneficiary or member of the class of beneficiaries			
	Other (e.g. individual who exercises control over			
	another entity being the			
	settlor/trustee/protector/beneficiary)			
Legal	Individual in a position equivalent/similar to settlor			
Arrangement	Individual in a position equivalent/similar to trustee			
other than Trust	Individual in a position equivalent/similar to protector			
	Individual in a position equivalent/similar to			
	beneficiary or member of the class of beneficiaries			
	Other (e.g. individual who exercises control over			
	another entity being equivalent/similar to			
	settlor/trustee/protector/beneficiary)			

## Part 5 - Declarations and Signature

•	I acknowledge and agree that (a) the information contained in this form is collected and may be kept by SWSB/SWSFL
	for the purpose of automatic exchange of financial account information, and (b) such information and information
	regarding the controlling person and any reportable account(s) may be reported by SWSB/SWSFL 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 controlling person 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 the controlling person of all the account(s) to which this form relates.
- I undertake to advise SWSB/SWSFL of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide SWSB/SWSFL with a suitably updated self-certification form within 30 days of such change in circumstances.
- I have carefully read, fully understood and agreed to accept and be bound by the Notice and Statement Relating to the Personal Data (Privacy) Ordinance (Cap. 486 of the Laws of Hong Kong) as set out in Part V of the Client Agreement.
- 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:

Date:

(dd/mm/yyyy)

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).