

**COMMON REPORTING STANDARD
CONTROLLING PERSON SELF-
CERTIFICATION FORM**

Important Notes:

- **This is a self-certification form provided by a controlling person to China Life Insurance (Singapore) Pte. Ltd. ("CLIS"), a reporting financial institution, for the purpose of automatic exchange of financial account information. The data collected may be transmitted by CLIS to the Inland Revenue Authority of Singapore for transfer to the tax authority of another country/jurisdiction.**
- **A controlling person must report all changes in his/her tax residency status to CLIS.**
- **All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s).**
- **You may refer to the Appendix where definitions to selected terms used in this form are provided.**
- **As CLIS is not allowed to give tax advice, please consult a tax adviser or the Inland Revenue Authority of Singapore's website at <https://www.iras.gov.sg/irashome/Quick-Links/International-Tax> for more information.**

Part 1 Identification of Controlling Person

(1) Name of Controlling Person

Title (e.g. Mr, Mrs, Ms, Miss) _____
Last Name or Surname _____
First or Given Name _____
Middle Name(s) _____

(2) Singapore NRIC or Foreign Passport Number

(3) Current Residence Address

Line 1 (e.g. Suite, Floor, Building, Street, District) _____
Line 2 (City) _____
Line 3 (e.g. Province, State) _____
Country _____
Post Code/ZIP Code _____

(4) Mailing Address (Complete if different from the current residence address)

Line 1 (e.g. Suite, Floor, Building, Street, District) _____
Line 2 (City) _____
Line 3 (e.g. Province, State) _____
Country _____
Post Code/ZIP Code _____

(5) Date of Birth (dd/mm/yyyy)

(6) Place of Birth

Town or City of Birth _____
Country of Birth _____



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

Enter the legal name of the entity account holder of which you are a controlling person.

Entity	Name of the Entity Account Holder
(1)	
(2)	
(3)	

Part 3 Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”)

Please complete the following table indicating:

- (a) the country/jurisdiction of residence (including Singapore) where you are a **resident for tax purposes**; and
- (b) your TIN for each country/jurisdiction indicated.

Indicate **all** (not restricted to five) countries/jurisdictions of tax residence. Please complete an additional form if you are a tax resident of more than five countries/jurisdictions.

If a TIN is unavailable, please select the appropriate reason of either A, B or C:

Reason A – The jurisdiction where you are a resident for tax purposes does not issue TINs to its residents.

Reason B – You are unable to obtain a TIN. Explain why you are 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.

Country/Jurisdiction of Tax Residence	TIN	Enter Reason A, B or C if no TIN is available	Explain why you are unable to obtain a TIN if you have selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			

Part 4 Type of Controlling Person

Tick the appropriate box to indicate the type of controlling person you are for each entity stated in Part 2.

Type of Entity	Type of Controlling Person	Entity (1)	Entity (2)	Entity (3)
Legal Person	Individual who has a controlling ownership interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who exercises control/is entitled to exercise control through other means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who holds the position of senior managing official/exercises ultimate control over the management of the entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust	Settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beneficiary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Arrangement other than Trust	Individual in a position equivalent/similar to settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to beneficiary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being equivalent/similar to settlor/trustee/protector/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5 Declarations and Signature

I acknowledge and agree that:

- (a) the information contained in this form is collected and may be kept by China Life Insurance (Singapore) Pte. Ltd. ("CLIS") for the purpose of automatic exchange of financial account information; and
- (b) such information and information relating to me and any reportable account(s) may be reported by CLIS to the Inland Revenue Authority of Singapore and exchanged with tax authorities of another country/ jurisdiction or countries/jurisdictions in which I may be resident for tax purposes.

I certify that I am the controlling person (or am authorised to sign for the controlling person) of all the account(s) held by the entity account holder(s) to which this form relates.

I undertake to advise CLIS 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 CLIS 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.

Signature _____

Name _____

Date (dd/mm/yyyy) _____

Capacity _____ (Indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified true copy of the power of attorney.)