

INDIVIDUAL SELF-CERTIFICATION (for Automatic Exchange of Information)

个人自我认证 (用于信息自动交换)

Tax regulations require ANZ and its Controlled Entities ("ANZ") to collect a Self-Certification that includes your tax residence(s). ANZ may be required to provide your information to relevant tax authorities (including where you do not provide a valid Self-Certification).

税务条例规定澳大利亚和新西兰银行(中国)有限公司及其控制的实体(ANZ)需收集包括您的税收居所的自我认证。相关税务机关可能要求ANZ提供您的信息(包括您没有提供有效自我认证的情况)。

Automatic Exchange of Information may include the Foreign Account Tax Compliance Act (FATCA), and the Common Reporting Standard (CRS).

自动交换信息可能包括《外国账户税收遵从法》(FATCA) 和《通用报告准则》(CRS)。

1. **Complete this Self-Certification if you are:** an Individual Account Holder, Sole Trader or Sole Proprietor. For joint or multiple Account Holders each Individual Account Holder must complete a separate Self-Certification.

如果您属于个人账户持有者、个体经营者或独资经营者, 请完成自我认证。对于联合或多个账户的持有者, 每个账户持有人都必须完成单独的自我认证。

2. **Refer** to the country or region specific terms/information at www.anz.com/aeoi 参考国家(地区)具体条款或信息请参见 www.anz.com/aeoi

3. **You should obtain**, tax/legal/other professional advice (if required) **before** you complete this Self-Certification and **sign** Section 3.

您应该在完成自我认证和第3部分的**签名之前**, 获取税务、法律或其他专业的咨询(如果需要)。

Section 1: Account Holder Details 第1部分: 账户持有人详细资料

1.1 Full Name 全名

First or Given Name(s) 名字 Surname 姓氏

1.2 Residence Address (Do not provide a PO Box or in-care-of Address) 居住地址 (请不要提供邮箱或转交地址)

Address Line 1 地址第1行 Province/State/County 省/州/县
 Address Line 2 地址第2行 Postal Code/Zip Code 邮政编码
 City/Town 城市/城镇 Country or Region 国家(地区)

1.3 Date of Birth 出生日期

Country or Region of Birth 出生国家(地区) City of Birth 出生城市

Section 2: Account Holder Tax Residence(s) 第2部分: 账户持有人税收居所

(Please note, US Citizens are considered to be Tax Residents of the US. 请注意, 所有美国公民都定义为美国纳税居民。)

2.1 I confirm 本人确认:

☐ a) I am only Tax Resident in the Country or Region of account opening 本人只是账户开户地国家(地区)的纳税居民

OR 或者

☐ b) I have included below all Countries or Regions in which I am Tax Resident (other than the country or region of account opening). 本人是以下国家(地区)的纳税居民(除了账户开户地国家(地区)以外)。

Country or Region of Tax Residence (Do not include country or region of account opening) 税收居所所在国家(地区) (不要包括账户开户地的国家(地区))	Taxpayer Identification Number (TIN) (or country or region equivalent) 纳税人识别号(TIN) (或相关国家(地区)同等号码)	Reason Code (if TIN not provided) 原因码(如果没有提供 纳税人识别号TIN)	Explanation (If Reason Code is Z) 解释说明 (如果原因码是Z)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason codes 原因码: A - TIN Not Issued (The Country or Region does not issue TINs) 未签发TIN (国家(地区)不签发TIN)

B - TIN Not Required (The Country or Region does not require collection of a TIN) 没有要求TIN (国家(地区)没有要求收集TIN信息)

C - TIN Applied For (I have applied for a TIN and will inform you upon receipt) 正在申请TIN (我已经申请TIN, 收到后会通知您)

Z - TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation. 无法获得TIN (我无法获得TIN) 请提供解释说明。

Section 3: Declarations and Signature 第3部分: 声明与签名

I certify that 兹证明:

- I am the Account Holder and/or authorised to sign/disclose for the Account Holder. 本人为账户持有人和/或授权签署/代表账户持有人。
- I have consulted an independent advisor where necessary and acknowledge that ANZ has not provided any advice. 本人已咨询独立的顾问(如果有必要), 并承认ANZ没有提供任何建议。
- I will notify ANZ of changes to any information (including TIN changes) within 30 days of the change occurring and, where required, will provide ANZ with a new Self-Certification. 本人变更任何信息(包括TIN变化)后会在30天内通知ANZ, 如果需要会向ANZ提供一份新的自我认证。
- I have attached all relevant documents (eg. Power of Attorney). 已将所有相关文件提供在附件中(例如: 委托书)。
- I have provided true, correct and complete information. 本人提供的信息真实、正确、完整。
- I will provide ANZ with any additional information and/or documentation as requested. 本人将依照要求向ANZ提供任何其他信息和/或文件。
- I understand that provision of false, inaccurate or incomplete information may constitute an offence(s) and penalties may apply. 本人明白提供虚假、不准确或不完整的信息可能构成犯罪, 并且会遭到处罚。

Signature 签名 Name 姓名 Date 日期

(Please print first name and surname 请打印姓名)