

To : Venus Sky Investment Limited  
Unit 1213 Cosco Tower, 183 Queen's Road Central, Hong Kong.

Account Name : \_\_\_\_\_

Account No. : \_\_\_\_\_

### Self-Certification Form – Controlling Person

**Important Notes:**

- This is a self-certification form provided by an account holder to a reporting financial institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.
- An account holder should report all changes in its tax residency status to the reporting financial institution.
- 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 an asterisk (\*) are required to be reported by the reporting financial institution to the Inland Revenue Department.

#### Part 1 Identification of Controlling Person

(Please tick whichever is appropriate and provide the relevant information)

- (1) Name of Controlling Person  
Title (e.g. Mr, Mrs, Ms, Miss) \_\_\_\_\_  
Last Name or Surname \* \_\_\_\_\_  
First or Given Name \* \_\_\_\_\_  
Middle Name(s) \_\_\_\_\_
- (2) Identity Document Type  HKID  Passport  Other \_\_\_\_\_  
Identity Document 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 (Please complete if different to 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) \_\_\_\_\_

**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.

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

**Part 3 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”) \***

Please complete the following table indicating (a) 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. Please indicate **all** (not restricted to five) jurisdictions of residence.

If the controlling person is tax resident in more than five countries, 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. If

a TIN is unavailable, please provide the appropriate reason **A, B** or **C** where indicated below:

**Reason A** - The jurisdiction where the controlling person is a resident for tax purposes does not issue TINs to its residents.

**Reason B** - The controlling person is unable to obtain a TIN. 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.

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

## Part 4 Type of Controlling Person

Please tick the appropriate box to indicate the type of controlling person 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 (i.e. not less than 25% of issued share capital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who exercises control/is entitled to exercise control through other means (i.e. not less than 25% of voting rights)	<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 or member of the class of beneficiaries	<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 or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being equivalent / similar to settler / 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 HSSL 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 HSSL 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) held by the entity account holder(s) to which this form relates.

I undertake to advise HSSL 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 HSSL 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) \_\_\_\_\_

**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. HK\$10,000).**

In the event of any discrepancy or inconsistency between the English version and the Chinese version of this form, the English version shall prevail.