

Notarial Act No.: \_\_\_\_\_

Application No. for Registration: \_\_\_\_\_

Page \_\_\_\_\_ of Annex, \_\_\_\_\_ Pages in total

**Form for Compliance with Preventive Duties of Anti-Money Laundering and Counter-Financing of Terrorism**  
**(Annex – Beneficial Owner of the Act, Legal Person Involved or Representative)**

<b>Natural Person</b> <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Representative			
Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Contact No.	
Residence			
Date of Birth	____ (Day) ____ (Month) ____ (Year)	Place of Birth	<input type="checkbox"/> Macao <input type="checkbox"/> The Chinese Mainland <input type="checkbox"/> Hong Kong <input type="checkbox"/> Others _____
Type of Identity Document	<input type="checkbox"/> Macao SAR Resident Identity Card <input type="checkbox"/> PRC Resident Identity Card <input type="checkbox"/> Hong Kong Resident Identity Card <input type="checkbox"/> Others _____ <input type="checkbox"/> _____ Passport	Identity Document No.	
Occupation		Employer Entity or Business	
Taxpayer Identification No. (TIN)		Country/Region of Issue of TIN	<input type="checkbox"/> Macao <input type="checkbox"/> The Chinese Mainland <input type="checkbox"/> Hong Kong <input type="checkbox"/> Others _____
1. Are you or have you been entrusted with high political or public positions in the Macao SAR?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you or have you been entrusted with high political or public positions in any foreign country or outside the Macao SAR?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you or have you been entrusted with prominent position in an international organization?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is any of your close family members in one of the situations described above in Questions 1 to 3? (Note: “Close family members” refer to your spouse or spousal equivalent, your children and their spouses or spousal equivalents, and your parents.)			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Signature:**

**Date:**

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**Form for Compliance with Preventive Duties of Anti-Money Laundering and Counter-Financing of Terrorism**  
**(Annex – Beneficial Owner of the Act, Legal Person Involved or Representative)**

(Note: Locally registered legal persons are not required to fill in the items with “\*” )

<b>Legal Person</b> <input type="checkbox"/> Company/Entity Contained in the Organisational Chart of Ownership/Control Structure <input type="checkbox"/> Representative			
Name			
Registration No.		Place of Registration*	
Date of Establishment*		Type of Registration*	
Contact No.			
Residence*			
Taxpayer Identification No. (TIN)		Country/Region of Issue of TIN	<input type="checkbox"/> Macao <input type="checkbox"/> The Chinese Mainland <input type="checkbox"/> Hong Kong <input type="checkbox"/> Others _____

<b>Legal Person</b> <input type="checkbox"/> Company/Entity Contained in the Organisational Chart of Ownership/Control Structure <input type="checkbox"/> Representative			
Name			
Registration No.		Place of Registration*	
Date of Establishment*		Type of Registration*	
Contact No.			
Residence*			
Taxpayer Identification No. (TIN)		Country/Region of Issue of TIN	<input type="checkbox"/> Macao <input type="checkbox"/> The Chinese Mainland <input type="checkbox"/> Hong Kong <input type="checkbox"/> Others _____

<b>Legal Person</b> <input type="checkbox"/> Company/Entity Contained in the Organisational Chart of Ownership/Control Structure <input type="checkbox"/> Representative			
Name			
Registration No.		Place of Registration*	
Date of Establishment*		Type of Registration*	
Contact No.			
Residence*			
Taxpayer Identification No. (TIN)		Country/Region of Issue of TIN	<input type="checkbox"/> Macao <input type="checkbox"/> The Chinese Mainland <input type="checkbox"/> Hong Kong <input type="checkbox"/> Others _____

**Signature:**

**Date:**