



INLAND REVENUE DEPARTMENT
STAMP OFFICE
3/F, Revenue Tower, 5 Gloucester Road,
Wan Chai, Hong Kong.

Tel. No.: 2594 3202
Fax No.: 2519 9025

Web site: www.ird.gov.hk
E-mail: taxsdo@ird.gov.hk

To: Stamp Office Customers

STAMP OFFICE
e-Stamping Circular No. 2/2004
e-Stamping Service Enhancement

We are pleased to inform you that, in response to your suggestions, we have enhanced our e-Stamping System to provide the following improved functions -

- (1) The maximum number of E-Stamp Accounts for each organization/branch office has been increased from 10 to 20. You may complete Form I.R.S.D.109 (sample attached) to open new/additional accounts.
- (2) The "Save & Quit" function can now assist you to save up to 60 stamping applications related to "Initial Stamping of Agreement/Assignment" or "Stamping of Tenancy Agreement" (previously 30 records).
- (3) The "Retrieve Records" function has been enhanced such that the Instrument Reference Number of the previous case will be automatically pre-filled in the input box if you have not yet exited the e-Stamping system.

We note that a few input error cases were reported last month. Please lodge your request for rectification of the error(s) contained in stamp certificates by using Form I.R.S.D126 (sample attached).

For enquiries, please call us at 2594 3202.

Stamp Office
9 September 2004



稅務局
印花稅署
香港灣仔告士打道 5 號 稅務大樓 3 樓
電話號碼 Tel. No.: 2594 3202
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FOR OFFICIAL USE

[Please return this form by fax or post or in person to this office]

“E-Stamp” Account

(For Business holding a valid Hong Kong Business Registration Certificate ONLY)

(A) For New Application

1. Business Name		
2. Business Registration and Branch No.		
3. Contact Person	Name:	E-Mail Address:
	Day-time Contact Telephone No.:	Fax No.:
4. Number of “E-Stamp” Account(s) to be opened (Maximum 20 accounts)		
5. Choose the collection method of “E-Stamp” Account No. and Access Code Notice	<input type="checkbox"/> By mail to the Account Holder’s Business Address <input type="checkbox"/> In person by _____ (name)	

(B) For existing E-Stamp Account Holders

1. Account Holder	(i) Business Name:
	(ii) Business Registration and Branch No.:
(ii) Particulars to be updated	<input type="checkbox"/> No. of “E-Stamp” Account(s) to be added: _____ (Note: Each main or branch can at most hold 20 “E-Stamp” Accounts) <input type="checkbox"/> Re-activation of “E-Stamp” Account(s): “E-Stamp” Account No.: _____ [Please complete (A)5 above to choose the collection method of Access Code Notice] <input type="checkbox"/> Suspension of “E-Stamp” Account(s): “E-Stamp” Account No.: _____ <input type="checkbox"/> Closing all “E-Stamp” Account(s) <input type="checkbox"/> Others (Please specify): _____

Signature: _____

Applicant’s Name: _____

Applicant’s Capacity: Sole Proprietor Partner Director

Date: _____

Please tick ✓ where applicable

Business Chop



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**Request for Cancellation of Stamp Certificate containing error(s)
[Section 18J(1)(c) of the Stamp Duty Ordinance, (Cap. 117)]**

I/We hereby request the Collector of Stamp Revenue to –

1. Cancel the following Stamp Certificate which contains error(s):-

Stamp Certificate No.: _____

- | | | |
|---------------|--|--|
| The Error(s): | <input type="checkbox"/> 1.1 Nature of Instrument | <input type="checkbox"/> 1.7 Name of Vendor/Assignor* |
| | <input type="checkbox"/> 1.2 Date of Instrument | <input type="checkbox"/> 1.8 Name of Purchaser/Assignee* |
| | <input type="checkbox"/> 1.3 Consideration / Rent* | <input type="checkbox"/> 1.9 Name of Landlord |
| | <input type="checkbox"/> 1.4 Interest acquired | <input type="checkbox"/> 1.10 Name of Tenant |
| | <input type="checkbox"/> 1.5 Term of Lease | <input type="checkbox"/> 1.11 Other (please specify) |
| | <input type="checkbox"/> 1.6 Property Address | _____ |

2. Deal with the stamp duty paid as follows:-

- Issue a new stamp certificate to rectify the error(s) as follows:-

OR

- Refund the stamp duty paid for the Stamp Certificate to be cancelled in the amount of \$ _____ to the following person:-

Name of Payee: _____
Address: _____

[Note: Refund is applicable where the Instrument has already been stamped by another stamp certificate or conventional stamp.]

The following supporting documents are **attached**:-

- (1) A copy of the Stamp Certificate containing error(s)
- (2) Supporting evidence of the Error(s) (e.g. a copy of the original instrument)
- (3) For refund claim, supporting evidence that the Instrument has been stamped (e.g. a copy of the new stamp certificate or the Instrument containing the conventional stamp)

Signature of Applicant: _____ Date: _____

Name of Applicant: _____

H.K.I.C./B.R./Passport No. * : _____

Capacity: Vendor Purchaser Legal Representative Others (please specify)

Address: _____

Telephone No: _____ Fax No: _____

*please ✓ where applicable * delete where inapplicable*