Have You Changed Your Address? If So, You Must Inform the Inland Revenue Department!

Taxpayers are required by law to report any change of address to the Department within 1 month of the date of change. To inform the Department, simply fill in the details below and send the notification to -

THE COMMISSIONER OF INLAND REVENUE P.O. BOX 28777, Gloucester Road Post Office, Hong Kong

or By fax: 2877 1232

If you have opened your eTAX Account with the Department, you can notify us of your change of postal address through this Account. For further details of notifying change of postal address, you may visit our web site at www.ird.gov.hk/eng/tax/ind_nca.htm.

You can also inform the Department of your new postal address in advance by completing the notification below, but please remember to fill in the effective date.

Commissioner of Inland Revenue

| To: The Commissioner of Inland Revenue P.O. Box 28777, Gloucester Road Post Office, Hong Kong (Fax No. 2877 1232) Please update my postal address as shown below: Postal Address With effect from (day) (month) (year) I am a salary earner/property owner/sole proprietor*, with particulars as fo applicable): Hong Kong Identity Card No. Full Name of Present Employer Property Address Business Name | <u>SS</u> |
|---|--------------|
| P.O. Box 28777, Gloucester Road Post Office, Hong Kong (Fax No. 2877 1232) Please update my postal address as shown below: Postal Address With effect from (day) (month) (year) I am a salary earner/property owner/sole proprietor*, with particulars as fo applicable): Hong Kong Identity Card No. (D) Full Name of Present Employer Property Address | |
| Postal Address With effect from | 2) |
| With effect from | |
| (day) (month) (year) I am a salary earner/property owner/sole proprietor*, with particulars as fo applicable): Hong Kong Identity Card No. Full Name of Present Employer Property Address | |
| applicable): Hong Kong Identity Card No. () Full Name of Present Employer Property Address | |
| Full Name of Present Employer Property Address | llows (where |
| Property Address | |
| | |
| Business Name _ | |
| | |
| Daytime Contact Tel. No Signature (Same signature as used in tax return | is) |
| Date Full Name | |