



INLAND REVENUE DEPARTMENT

REVENUE TOWER,
5 GLOUCESTER ROAD, WAN CHAI,
HONG KONG.

Web site : www.ird.gov.hk

Your Ref. :

ALL CORRESPONDENCE SHOULD BE ADDRESSED TO:—
COMMISSIONER OF INLAND REVENUE,
G.P.O. BOX 132, HONG KONG.

IN ANY COMMUNICATION PLEASE QUOTE OUR FILE NO.

[
Section Code :
]
[

File No. :
Tel. No. :
Fax No. :
Date :

Dear Sir / Madam,

**Claim for Child Allowance / Dependent Brother or Dependent Sister Allowance
for Year of Assessment /**

I refer to your claim for child allowance / dependent brother or dependent sister allowance for the above year. To enable me to process your claim, please furnish the relevant details as ticked below and return the form intact to me within the **next 14 days**. In the absence of reply, I shall not be in the position to consider your claim and no allowance will be granted.

Yours faithfully,

Assessor

File No. :

	Dependant 1	Dependant 2
<input type="checkbox"/> Full name of your child / brother or sister maintained		
<input type="checkbox"/> Relationship ('√' in the appropriate box)	My child <input type="checkbox"/> My brother/sister <input type="checkbox"/> My spouse's brother/sister <input type="checkbox"/>	My child <input type="checkbox"/> My brother/sister <input type="checkbox"/> My spouse's brother/sister <input type="checkbox"/>
<input type="checkbox"/> Date of birth of your child / brother or sister	Day: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> The dependant was of or over 18:		
(i) but under 25 and receiving full time education during the year. ('√' in the appropriate box)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) but incapacitated for work with disability during the year. ('√' in the appropriate box)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> I wish to claim disabled dependant allowance in respect of the dependant who was eligible to claim an allowance under the Government's Disability Allowance Scheme during the year. ('√' in the appropriate box)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Particulars of the parents of the dependent <u>brother / sister</u> :		
<input type="checkbox"/> (i) Name and H.K. Identity Card Number of the father of the dependent brother / sister	<input type="text"/> : : : : : : ()	<input type="text"/> : : : : : : ()
<input type="checkbox"/> (ii) Name and H.K. Identity Card Number of the mother of the dependent brother / sister	<input type="text"/> : : : : : : ()	<input type="text"/> : : : : : : ()

Signature : _____

Daytime Contact Phone No.: _____

Name : _____

Date : _____