



**INLAND REVENUE DEPARTMENT  
STAMP OFFICE**

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FOR OFFICIAL USE

**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*