

**INLAND REVENUE DEPARTMENT**

Inland Revenue Centre, 5 Concorde Road,
Kowloon, Hong Kong.
G.P.O. Box 132, Hong Kong.

Web site: www.ird.gov.hk
E-mail: taxctr1@ird.gov.hk
Tel. No.: 2594 5395
Fax No.: 3170 5641

Appointment of Authorized Representative to Handle Employer's Matters

To: Commissioner of Inland Revenue

Part 1 Details of the Employing Entity

- 1.1 Full Name: _____
- 1.2 Employer's File Number: _____
(If not known, state the Employing Entity's Business Registration Number/HK Identity Card Number as appropriate)
- 1.3 Contact Person
- (a) Name: _____
- (b) Post: _____
- (c) Day time contact telephone number: _____

Part 2 Details of the Authorized Representative (Note 1)

- 2.1 Full Name: _____
- 2.2 If the Authorized Representative is:
- ☐ (a) a business entity, state its Business Registration Number and Branch Number
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- ☐ (b) an individual, state his/her HK Identity Card Number

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- 2.3 Postal address _____

- 2.4 The Employing Entity's Client Reference Number (if any) _____

Part 3 Confirmation of appointment of authorized representative

I confirm that the Employing Entity in Part 1 has appointed the Authorized Representative in Part 2 to act on its behalf to handle Employer's Matters under the Inland Revenue Ordinance. I understand that the Department will communicate with the Authorized Representative regarding all Employer's Matters of the Employing Entity under the Inland Revenue Ordinance, either in paper or electronic form. I will notify the Inland Revenue Department in writing once the appointment is terminated (Note 2).

For the avoidance of doubt, Employer's Matters means things or acts required to be done by the Employing Entity in the capacity as an employer or service fee payer under the Inland Revenue Ordinance, except signing Employer's Return (i.e. Form BIR56A) and notifications (Forms IR6036B and IR56B/E/F/G/M).

Full Name of the Signatory (Note 3) _____ Signature _____

Post title (Note 3) _____ Date _____

PERSONAL INFORMATION COLLECTION STATEMENT

The provision of personal data required by this form and during the processing of your notification is voluntary. However, if you do not provide sufficient information, the Department may not be able to process your notification. The Department will use the information provided by you for the purposes of the Ordinances administered by it and may disclose/transfer any or all of such information to any other parties provided that the disclosure/transfer is authorized or permitted by law. Except where there is an exemption provided under the Personal Data (Privacy) Ordinance, you have the right to request access to and correction of your personal data. You should send such request in writing to the Assessor at G.P.O. Box 132, Hong Kong and quote your file number in this Department.

Notes

1. The full name and postal address of the Authorized Representative must be provided. In section 2.2, if the Authorized Representative is a business entity, state its Business Registration Number and Branch Number (if no branch number, state 000). If the Authorized Representative is an individual, state his/her Hong Kong Identity Card Number (if available).
2. The authorization will remain valid until the Department received notification of the termination of the appointment.
3. The signatory must be in the capacity as follows:

If the Employing Entity is a:	Persons who can sign this form for the Employing Entity:
Corporation	Its Director / Company Secretary / Manager / Provisional Liquidator / Liquidator. For open-ended fund company, this form can also be signed by its Investment Manager
Sole proprietorship business	Its Proprietor
Partnership business	Its Precedent Partner
Body of persons	Its Principal Officer

4. A photocopy, fax or scanned copy of this letter of appointment with wet ink signature thereon is acceptable.