



致：香港告士打道
郵政局郵箱 29015 號
稅務局局長

To: Commissioner of Inland Revenue
P.O. Box 29015
Gloucester Road Post Office, Hong Kong

**特許退還已繳付的商業/分行登記費
(寬免期：2019年4月1日至2020年3月31日)
更改退款支票抬頭人姓名授權書**

**Concessionary Refund of Business
/Branch Registration Fee Paid
(Waiver Period: 1 April 2019 to 31 March 2020)
Authorization for change of payee's name on refund
cheque(s)**

業務/分行名稱 Business/Branch Name	
商業登記號碼 Business Registration Number	

本人現附上退款支票，並授權稅務局將退款支票抬頭人姓名更改如下：

I attach herewith the refund cheque(s) and hereby authorize the Inland Revenue Department to change the payee's name on the refund cheque(s) as follow:

退款支票抬頭人姓名：

Payee's name to be used on refund cheque(s):

已夾附退款支票正本

The original refund cheque(s) has/have been attached herewith.

本申請表背頁的賠償保證書已填妥及簽署

The letter of indemnity at the back of this authorization form has been duly completed and signed.

請將更改後的退款支票郵寄到下列通訊地址：

Please send the amended cheque(s) to the following postal address:

(*請在適當空格註上「√」號。)

(*Please tick the appropriate box.)

申請人簽署 Applicant's Signature		
申請人姓名 Name of Applicant		
職位 (請在適當 空格註上「√」號) Designation (Please tick the appropriate box)	獨資 / 合夥業務 Sole Proprietorship / Partnership Business	<input type="checkbox"/> 東主 / 合夥人 Sole Proprietor / Partner
	法人團體 Body Corporate	<input type="checkbox"/> 董事 Director <input type="checkbox"/> 秘書 Secretary <input type="checkbox"/> 經理 Manager
	非屬法團的團體 Body Unincorporate	<input type="checkbox"/> 主要高級人員 Principal Officer
*身分證號碼/護照號碼 *Identity Card No. / Passport No. *商業登記號碼 (只適用於上述董事/秘書/合夥人屬法人團體) *Business Registration No. (Applicable only if the Director / Secretary / Partner is a Body Corporate) *請刪去不適用的 *Please delete as appropriate		
聯絡電話 Contact Telephone No.		
日期 Date		



請注意：必須填妥背頁的授權書

Please complete the authorization form overleaf

致：香港告士打道郵政局郵箱 29015 號
稅務局局長

To: Commissioner of Inland Revenue
P.O. Box 29015, Gloucester Road Post Office, Hong Kong

償還退款保證書 Letter of Indemnity

〔寬免期：2019年4月1日至2020年3月31日〕 (Waiver Period: 1 April 2019 to 31 March 2020)

特許退還已繳付的登記費 Concessionary Refund of Registration Fee Paid	業務/分行名稱 Business/Branch Name	
	商業登記號碼 Business Registration Number	
退款支票抬頭人姓名 Payee's Name to be Used on Refund Cheque(s)		

(請在以下適當空格註上「√」號。)

(Please tick the appropriate box below.)

- 本人獲授權成為上述退款支票抬頭人(以下簡稱「收款人」)，現謹此核證下述所有事項：
- 本公司獲授權成為上述退款支票抬頭人(以下簡稱「收款人」)，收款人的商業登記號碼是_____。
本人為收款人的 東主/合夥人 董事 秘書 經理
 法人團體董事的*董事/秘書/經理 法人團體秘書的*董事/秘書/經理
- 現代表收款人核證下述所有事項：

- I am authorized to become the payee of the refund cheque(s) mentioned above (hereinafter referred to as "the Payee") and hereby declare all matters mentioned below.
- My company is authorized to become the payee of the refund cheque(s) mentioned above (hereinafter referred to as "the Payee").
The business registration number of the Payee is _____.
I being the sole proprietor / partner director secretary manager
 *director / secretary / manager of the corporate director *director / secretary / manager of the corporate secretary
and am acting on behalf of the Payee, hereby certify all matters mentioned below.

- 上述業務已授權稅務局局長，以收款人的名稱開發退款支票。
- 收款人從未及不會在將來以任何其他名義或檔案號碼申請上述全部或部分退款，或申請用其作抵銷收款人或其他人士根據《商業登記條例》(第310章)下應繳交的任何款項。
- 就收款人所知所信，沒有其他人曾或將申請收款人現申索的退款或申請用該退款作抵銷其他應繳交的任何款項。
- 鑑於獲得上述退款，收款人現承諾及同意，對於你就上述退款可能遭受或引致的所有法律行動、訴訟程序、損失、收費、賠償、開支、索償及要求，均作出償還保證。

- The above business has authorized the Commissioner of Inland Revenue to issue the refund cheque(s) in the name of the Payee.
- The Payee has not previously applied and will not make any further application under any name or reference number for the above refund or any portion thereof to be refunded or set-off against any other amount payable by the Payee or any other persons under the Business Registration Ordinance (Cap. 310).
- To the best of knowledge and belief of the Payee, no other person has made or will make any application for refund or set-off of the amount now claimed by the Payee.
- In consideration of the issue of the above refund, the Payee hereby undertakes and agrees to indemnify you against all actions, proceedings, loss, charges, damages, expenses, claims and demands which may be brought or made against you.

簽署見證人 Witness to the Signature thereof

退款支票抬頭人 Payee of the Refund Cheque(s)

見證人簽署

Signature of the Witness _____

姓名

Name _____

(請用正楷) (in block letter)

*香港身分證號碼/護照號碼及簽發地區

* Hong Kong Identity Card No./

Passport No. & Place of Issue _____

地址

Address _____

日期 Date _____

* 請刪去不適用的 *Please delete as appropriate

簽署

Signed _____

(如適用，請加蓋收款人的公司印章 Affix the company chop of the Payee if applicable)

簽署人姓名

Name of Signatory _____

(請用正楷) (in block letter)

*簽署人香港身分證號碼/護照號碼及簽發地區

*Signatory's Hong Kong Identity Card No./

Passport No. & Place of Issue _____

地址

Address _____

聯絡電話 Contact Telephone No. _____

日期 Date _____

收集個人資料聲明

在本文件內及於本局處理你的申請的過程中提供個人資料屬自願性質。然而，如你未能提供充分資料，本局可能無法處理你的申請。本局會把你提供的資料，用於施行本局專責執行的法例。本局並可在法律授權或准許的情況下，向任何其他人士或機構披露/轉移該等資料的任何或全部內容。你有權要求查閱及改正你的個人資料，但屬《個人資料(私隱)條例》豁免披露的情況除外。如欲查閱或改正個人資料，請致函商業登記主任(地址為香港灣仔告士打道5號稅務大樓4樓)，同時請註明你於本局的檔案號碼。

Personal Information Collection Statement

The provision of personal data in this document and during the processing of your application is voluntary. However, if you do not provide sufficient information, the Department may not be able to process your application. 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 Business Registration Officer at 4/F, Revenue Tower, 5 Gloucester Road, Wan Chai, Hong Kong and quote your file number in this Department.