



**INLAND REVENUE DEPARTMENT  
STAMP OFFICE**

3/F, Revenue Tower, 5 Gloucester Road,  
Wan Chai, Hong Kong.

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FOR OFFICIAL USE

[Please return this form by fax or post or in person to this office]

**“E-Stamp” Account**

**(A) For New Application**

|  |   |                 |
|--|---|-----------------|
| 1. Business Name   |   |                 |
| 2. Business Registration / Certificate of Incorporation                      | <input type="checkbox"/> <u>Business holding a valid Hong Kong Business Registration Certificate</u><br>Business Registration and Branch No.: _____<br><input type="checkbox"/> <u>Business NOT holding a valid Hong Kong Business Registration Certificate</u><br><i>(Note: You are required to attach a certified true copy of the Certificate of Incorporation)</i><br>Business address: _____<br>_____<br>_____ |                 |
| 3. Contact Person  | Name:   | E-Mail Address: |
|  | Contact Telephone No.:  | Fax No.:        |
| 4. Number of “E-Stamp” Account(s) to be opened (Maximum 20 accounts)         |   |                 |
| 5. Method of collecting the Notices of “E-Stamp” Account No. and Access Code | <input type="checkbox"/> By mail to the applicant’s Business Address<br><input type="checkbox"/> In person by _____ (name)  |                 |

**(B) For existing E-Stamp Account Holders**

|                              |   |
|------------------------------|---|
| 1. Account Holder            | E-Stamp Account Number (First 11 digit only):   |
| 2. Particulars to be updated | <input type="checkbox"/> No. of “E-Stamp” Account(s) to be added.: _____<br>(Note: Each main or branch can at most hold 20 “E-Stamp” Accounts)<br><input type="checkbox"/> Re-activation of “E-Stamp” Accounts:<br>“E-Stamp” Account No: (1) _____ (2) _____<br>[Please complete (A)5 above to choose the collection method of Access Code Notice]<br><input type="checkbox"/> Suspension of “E-Stamp” Account(s):<br>“E-Stamp” Account No: (1) _____ (2) _____<br><input type="checkbox"/> Closing all “E-Stamp” Account(s)<br><input type="checkbox"/> Others (Please specify): |

Signature : \_\_\_\_\_

Applicant’s Name : \_\_\_\_\_

Applicant’s Capacity :  Sole Proprietor  Partner  Director/Secretary # \_\_\_\_\_

Date : \_\_\_\_\_

**Business Chop**

✓ in the appropriate box # Delete as appropriate

**Personal Information Collection Statement**

- The provision of personal data required by this form 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 Superintendent of Stamp Office at 3/F, Revenue Tower, 5 Gloucester Road, Wan Chai, Hong Kong.