



**INLAND REVENUE DEPARTMENT
STAMP OFFICE**

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Wan Chai, Hong Kong.

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FOR OFFICIAL USE

**Request for Cancellation of Stamp Certificate containing error(s) – Property Instrument
[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):-

Instrument Ref. No.: _____ 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 Others (please specify) |
| | <input type="checkbox"/> 1.6 Property Address | _____ |

2. Issue a new stamp certificate to rectify the error(s) as follows:-

- 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/Landlord* Purchaser/Tenant* Legal Representative Estate Agent
 Others (please specify): _____

Address: _____

Telephone No.: _____ Fax No.: _____

Please tick as appropriate * Delete whichever is inapplicable