



**INLAND REVENUE DEPARTMENT
STAMP OFFICE**

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

Tel No.: 2594 3202 (Property transfer)
2594 3201 (Lease)
Fax No.: 2519 9025 (Property transfer)
2519 6740 (Lease)

Web site : www.ird.gov.hk
E-mail : taxsdo@ird.gov.hk

FOR OFFICIAL
USE

Request for Withdrawal of e-Stamping Application – Property Instrument

I/We hereby withdraw the following stamping application:

Instrument Reference Number / Charge Number* : _____

Property Address: _____

Reason for the request:-

1. The details of the stamping application contain the following 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 | |

Separate stamping application which rectifies the above error(s) has been made under:

Instrument Reference Number: _____

Charge Number: _____

2. Duplicate stamping application with / Stamp duty has already been paid under *another application as follows:-

Instrument Reference Number: _____

Charge Number: _____

3. Other reason (please specify in details and provide relevant evidence(s)):

The following supporting documents are **attached**:-

- (1) A copy of the Stamp Certificate/Payment Notice* for the settled stamping application
- (2) Supporting evidence of the Error(s) (e.g. a copy of the original instrument)
- (3) Others (please specify): _____

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