



**INLAND REVENUE DEPARTMENT  
STAMP OFFICE**

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FOR OFFICIAL USE

**Request for Cancellation of Stamp Certificate containing error(s)  
- Share Transfer 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 Transferor(s)                              |
| <input type="checkbox"/> 1.2 Date of Instrument                       | <input type="checkbox"/> 1.8 Name of Transferee(s)                              |
| <input type="checkbox"/> 1.3 Stock Code/<br>Company Registration No.* | <input type="checkbox"/> 1.9 No. of Duplicate/Counterpart<br>Correct No.: _____ |
| <input type="checkbox"/> 1.4 Stock Name/Company Name*                 | <input type="checkbox"/> 1.10 Others (please specify):<br>_____                 |
| <input type="checkbox"/> 1.5 Number of Shares                         |   |
| <input type="checkbox"/> 1.6 Consideration                            |   |

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:  Transferor  Transferee  Legal Representative  Others (please specify) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Please tick as appropriate

\* Delete whichever is inapplicable