



**INLAND REVENUE DEPARTMENT  
STAMP OFFICE**

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Wan Chai, Hong Kong.

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FOR OFFICIAL  
USE

**Request for Withdrawal of e-Stamping Application – Share Transfer Instrument**

I/We hereby withdraw the following stamping application:

Instrument Reference Number / Charge Number\* : \_\_\_\_\_

Subject Stock Name / Company Name\* : \_\_\_\_\_

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 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/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                        |   |

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

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

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

Please tick as appropriate

\* Delete whichever is inapplicable