NOTIFICATION

1. (a) Employer's File No.:

(Under Section 52(5) of the Inland Revenue Ordinance, Chapter 112)

BY AN EMPLOYER OF AN EMPLOYEE WHO IS ABOUT TO CEASE TO BE EMPLOYED

(b) Name of Employer: (c) Address of Employer:			
Γο the best of my knowledge, this emp Γhe following are the particulars of th		ng Hong Kong after cessatio	on of employment.
2. Name of Employee:	e employee		
Full name in Chinese:			
3. (a) H.K. Identity Card Number: (b) Passport Number and place of iss	ue (if Employee has no H	K Identity Card) :	
. Sex (M = Male, F = Female):			
5. Marital Status (1 = Single / Widowe	d / Divorced / Living Apa	rt, 2 = Married)	
(a) If married, full name of spouse:(b) Spouse's H.K. Identity Card NumResidential Address:		,	
3. Postal Address after cessation of emp 9. Capacity in which employed: 10. Reason for cessation (e.g. resignation			
11. Period of employment from 1 April	to the date of cessation of	employment:	to
12. Details of income from 1 April to the	e date of cessation of emp		(7777.4)
Particulars		Period	Amount (HK\$) EXCLUDE CENTS
(a) Salary / Wages / Director's Fee / 1 (b) Leave Pay (c) Commission / Fees (d) Back Pay, Payment in Lieu of No or Gratuities (e) Certain Payments from Retirement (f) Salaries Tax paid by Employer (g) Gain realized under Share Option (h) Other Rewards, Allowances or Poeng. Bonus, Education Benefits, S (i) Payments that have not been deck AFTER the employee has left em Nature: 13. Particulars of Place of Residence proceed Address: Nature: Period Provided: Rent Paid to Landlord by Employee Rent Paid to Landlord by Employee Rent Refunded to Employee by Employee Rent Paid to Employer by Employee Rent Paid to Employee Rent Paid to Employee By Employee	otice, Terminal Awards Int Scheme Int Scheme Interpretation of the scheme	Totd, 1 = Provided)	al:
4. Whether the employee was wholly o		ng Kong or elsewhere	
by a non-Hong Kong company: (0 If yes, please state: Name of the non-Hong Kong compa Address:	,		
Amount (if known) (This amount m	ust also be included in ite	m 12):	
	Signature :		
	Name:		
	Designation:		
Space for Employer's official chop	Date:		
Space for Employer's Official Citop			For Official Use