

NOTIFICATION
(Under Section 52(4) of the Inland Revenue Ordinance, Chapter 112)
BY AN EMPLOYER OF AN EMPLOYEE WHO COMMENCES TO BE EMPLOYED

56E

Particulars of the employer :-

1. (a) Employer's File No. :
- (b) Name of Employer :
- (c) Address of Employer :

Particulars of the employee :-

2. Name of Employee :
Full Name in Chinese :
3. (a) H.K. Identity Card Number :
(b) Passport number and place of issue (if Employee has no H.K. Identity Card):
4. Sex (M = Male, F = Female) :
5. Marital Status (1 = Single / Widowed / Divorced / Living Apart, 2 = Married) :
6. (a) If married, full name of spouse :
(b) Spouse's H.K. Identity Card Number :
/ Passport Number and place of issue (if known) :
7. Residential Address :
8. Postal Address (if different from (7) above) :
9. Capacity in which employed :
10. Date of Commencement of Employment :
11. Terms of Employment
(a) Monthly Rate of Fixed Income : HK\$
(b) Monthly Rate of Allowance (e.g. Cost of Living) :
(c) Fluctuating Income (e.g. Commission, Bonus, Gratuity) :
(d) Particulars of Place of Residence provided :
(0 = Not provided, 1 = Provided)
Address :
Nature :
Monthly Rent Paid to Landlord by Employer :
Monthly Rent Paid to Landlord by Employee :
Monthly Rent Refunded to Employee by Employer :
Monthly Rent Paid to Employer by Employee :
12. Whether the employee was wholly or partly paid either in Hong Kong or elsewhere
by a non-Hong Kong company : (0 = No, 1 = Yes)
If yes, please state :
Name of the non-Hong Kong company :
Address :
13. Whether the employee has been **conditionally** granted a share option prior to commencing to be
employed in Hong Kong , which can be exercised after rendering services in Hong Kong
(0 = No, 1 = Yes) (THIS BOX MUST BE COMPLETED) ☐
If yes, supply information, as an attachment, on details of the number and type of shares covered by the
option, the consideration (if any) paid for the grant of the option, the consideration required to exercise
the option and the period within which the option must be exercised.

Space for Employer's official chop

Signature :

Name :

Designation :

Date :

For Official Use