

To: Housing Manager/ WSM,
White Form Secondary Market Scheme Unit
Podium Level 4, Hong Kong Housing Authority
Customer Service Centre,
3 Wang Tau Hom South Road, Kowloon.

Hong Kong Housing Authority
White Form Secondary Market Scheme 2024
Employee's Income Certificate

- Attention: (i) An employee may submit a photocopy of this form to his/ her employer for completion.
(ii) Please fill in English block letters (and Chinese if applicable) with a black/ blue ball pen (erasable ball pen should not be used).
(iii) Please do not use correction materials to make any corrections or else this employee's income certificate will be invalidated. Should it be necessary to do so, please cross out the erroneous information and fill in the correct information, which should be countersigned by the signatory of this certificate with the company chop affixed.
(iv) Please indicate 'Nil' in all columns not applicable to the employee or cross them out.

I/ We confirm that *Mr./ Miss/ Ms. _____ (H.K.I.C. No: _____), is an employee in my/ our firm since _____ (date) holding the post of _____. His/ her income before deduction of contribution for Mandatory Provident Fund (MPF)/ Mandatory Provident Fund Schemes Authority's Recognised Occupational Retirement Scheme(s) (Recognised Occupational Retirement Scheme(s)), if any, for the past six months (Note 1) is as follows:

Month/ Year	Basic Salary	Overtime Allowance	Other allowance/ incentives (Note 2)	Non year-end bonuses or commission	Contribution to a *MPF/ Recognised Occupational Retirement Scheme(s) (Note 3)	Net Income after contribution to a *MPF/ Recognised Occupational Retirement Scheme(s) has been deducted
09/2024						
10/2024						
11/2024						
12/2024						
01/2025						
02/2025						

(All amounts are declared in Hong Kong dollars, unless specified otherwise.)

Note 1: The employer should declare the employee's income for the period from **09/2024 to 02/2025**.

Note 2: Includes but not limited to travelling allowance, hardship allowance (obnoxious duties), housing allowance, food allowance, education allowance, etc.

Note 3: Please declare the statutory contribution to a MPF/ Recognised Occupational Retirement Scheme(s) (the deductible contribution is statutory rate of 5% or the actual contribution amount, with a cap of HK\$1,500 and whichever is the less (any contribution made voluntarily by the employees are not deductible)).

Other than the above income, in the past 12 months (from **03/2024 to 02/2025**), the employee *was paid/ was not paid as follows:

Other income	HK\$ (After deducting the contribution to *MPF/ Recognised Occupational Retirement Scheme(s)) (Note 3)	Paid Date
* Year-end double pay/ year-end bonus/ other year-end gratuity		
* Year-end double pay/ year-end bonus/ other year-end gratuity		

Our firm *has/ has not furnished Employer's Return in respect of the income of the above-named employee to the Inland Revenue Department.

*The employee broke his/ her service for the period from _____ to _____.

*There is no break of his/ her service. He/ She has resigned (Effective date: _____).

I understand that under Section 26(2) of the Housing Ordinance (Cap. 283), if I knowingly make in this certificate any false or provide any misleading information to the Hong Kong Housing Authority in respect of the employee's application for the purchase of a flat in the Home Ownership Scheme Secondary Market, I shall be guilty of an offence and liable on conviction to a fine of HK\$500,000 and imprisonment for one year.

I also understand that any person who induces or causes the Hong Kong Housing Society to approve the relevant eligibility or causes the owner to carry out the sale and purchase transaction by any deception or dishonest means (including the provision of false or inaccurate or misleading statement(s) in this Certificate) could be held criminally liable for, among other crimes, fraud under Section 16A of the Theft Ordinance (Cap. 210), and be punishable by imprisonment once convicted.

Signature of Employer/

Person in Charge

Name of Signatory

(in Block Letters)

(Company Chop)

Designation of Signatory

Office Address

Name of Company: _____

(Please use Block Letters)

Office Tel.

* Please delete as appropriate

Date