

Change of Personal Information Request Form

Please complete in BLOCK LETTERS and “✓” the appropriate box.

BASIC INFORMATION

English Name:	Chinese Name:
Doctor Code:	HK ID No.:

I. Change of Address(es)

Change my following address(es) recorded: <input type="checkbox"/> Correspondence address <input type="checkbox"/> Office address <input type="checkbox"/> Residential address	New Address in English BLOCK letters <hr/> <hr/> <hr/> <hr/>
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II. Change of Personal Details (Please fill in the changed items only)

This change is as follows

Residential Tel:	Office Tel:
Pager No.:	Mobile Phone:
Fax No.:	E-mail Address:

III. Effective Date of the above change(s): _____

Signature:

Date:
