

## **Change of Personal Information Request Form**

Please complete in BLOCK LETTERS and "√" the appropriate box.

BASIC INFORMATION	are appropriate som
English Name:	Chinese Name:
Doctor Code:	HK ID No.:
I. Change of Address(es)	
Change my following address(es)	New Address in English BLOCK letters
recorded:	
☐ Correspondence address	
·	
☐ Residential address	
II. Change of Personal Details (Pleas	se fill in the changed items only)
This change is as follows:	-
•	se fill in the changed items only)  Office Tel:
This change is as follows:	-
This change is as follows:  Residential Tel:	Office Tel:
This change is as follows:  Residential Tel:  Pager No.:	Office Tel:  Mobile Phone:
This change is as follows:  Residential Tel:  Pager No.:	Office Tel:  Mobile Phone:  E-mail Address:
This change is as follows:  Residential Tel:  Pager No.:  Fax No.:	Office Tel:  Mobile Phone:  E-mail Address:
This change is as follows:  Residential Tel:  Pager No.:  Fax No.:	Office Tel:  Mobile Phone:  E-mail Address:
This change is as follows:  Residential Tel:  Pager No.:  Fax No.:	Office Tel:  Mobile Phone:  E-mail Address:
This change is as follows:  Residential Tel:  Pager No.:  Fax No.:  III. Effective Date of the above chan	Office Tel:  Mobile Phone:  E-mail Address:  ge(s):

Please return the form to Medical Affairs Office by medicalaffairsoffice@twah.org.hk (Email) / **2275 6473** (Fax) or mail to Hong Kong Adventist Hospital - Tsuen Wan, 199 Tsuen King Circuit, Tsuen Wan, N.T. Thank you!