

(Incorporated in Hong Kong and limited by guarantee)
2 Eastern Hospital Road, Causeway Bay, Hong Kong
Tel: 2890 6008; Fax: 2895 2956

Contact Details Update Form (For Allied Health / Doctor / Nurse Use Only)

Change Personal Particulars	
Code (Allied Health / Doctor / Nurse) Full Name	:
	(English in Block letter) (In Chinese)
(Please write only the o	changed Items.)
<u>Office</u>	
Address :	
Telephone :	Mobile :
•	
_	Fax :
Email :	
Old Address :	
	·
(OFC/Res)*	
Residential	
Address :	
Telephone :	Fax :
Correspondence Address (Please put $$)	
☐ Residential Address	☐ Office Address
Telephone Contact Duri	ing Clinical Emergency:
	Effective Date:
* Delete as appropriate	
For Applicant Use	
Applicant's Signature	:
Date Submitted	÷
For Staff Use	
Responsible Staff	:
Date Updated	: