

Change of Personal Particulars

IMPORTANT NOTES:

Please return the completed form with necessary supporting documents to CUHKMC by email to vms@cuhkmc.hk or by post to 9 Chak Cheung Street, Shatin, New Territories, Hong Kong (Attn: Human Resources Department)

Name of Doctor : _____
(printed on HKID Card)

HKID No. / Doctor Code : _____ / _____

<i>Please only fill in the changed items</i>		Effective date DD/MM/YY
A) Information to be updated		
Personal	New address:	/ /
	New phone number: (Mobile / Residential)	/ /
Clinic	New clinic address*:	/ /
	New clinic phone number:	/ /
*Please provide a copy of the Business Registration Certificate if there is a change of clinic address		
Unless other specified, the defaulted email addresses for receiving clinical reports and personal correspondence emails will be your clinic and personal email addresses respectively.		
Email address	Receive the following information from CUHKMC :	Email address
	Clinical reports	/ /
	Personal correspondence email, such as reminder for updating credentialing document etc	/ /
	Financial Statement	Please fill in "Bank Account Instruction for Payment of Professional Fees" if you would like to change your email address for receiving email from Finance department
B) Information to be removed		
Address / phone number/email address, etc		/ /

Doctor's Signature : _____ Date : _____