

**UPDATE INFORMATION FORM 更改通訊資料**

**PARTICULARS OF APPLICANT**

*\*To change your contact information, please complete in English and BLOCK LETTERS 如需更改通訊資料，請以英文正楷填寫以下表格*

Full Name in English	Name in Chinese
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Ordinary Member  
  Life Member  
  Retired Member#  
  Associate Member  
  Junior Associate

Membership No.	Medical Council Registration No.
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Are you in the Specialist Register of MCHK? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which specialty?	Year obtained
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College of Specialty

HKCA  
  HKCCM  
  HKCEM  
  HKCFP  
  HKCOG  
  COHK  
  HKCOS  
 HKCORL  
  HKCPaed  
  HKCPath  
  HKCP  
  HKCPsy  
  HKCR  
  CSHK

Residential Address ( Correspondence Address)

	Tel	Fax
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Business Address ( Correspondence Address)

	Tel	Fax
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Correspondence Address (If different from the address given above)

	Tel	Fax
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E-mail Address	Fax	Mobile
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WhatsApp	Communication among members and CME information <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mobile
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Signature	Date
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\* Please fax/mail/e-mail back this form to HKDU

# Retired Member - do not provide medical services at public & private sector, would be not covered under MPP