



Change of Personal Particulars Form

Name: Dr /Mr /Mrs /Ms /Miss* _____

HK ID / Passport No.*: _____ Day Time Phone No.: _____

IFPHK Membership No. / Candidate No.*: _____

E-mail Address (for acknowledgement): _____

I would like to update my personal record on: (please put a "✓" at the appropriate box(s))

Correspondence Address

Change from: _____

To: _____

Phone No. (office/home/mobile*)

Change from: _____ To: _____

E-mail Address

Change from: _____

To: _____

Fax No. (office/home*)

Change from: _____ To: _____

Others#

Please specify: _____

Change from: _____

To: _____

* Delete where not appropriate.

For changes of official details such as name and professional qualification, please provide supporting documents to IFPHK.

Signature: _____ Date: _____

Please complete this form and return by fax at **2982 7777**, or by mail to **13th Floor, Causeway Bay Plaza 2 463 – 483 Lockhart Road, Hong Kong**

June 2013

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