



# THE COLLEGE OF SURGEONS OF HONG KONG

Room 601, 6/F, Hong Kong Academy of Medicine Jockey Club Building,  
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Tel: (852) 2871-8799 Fax: (852) 2515-3198 Email: [info@cshk.org](mailto:info@cshk.org)

## UPDATE OF PERSONAL INFORMATION

\*Please fill out the form in typed-format or written in BLOCK LETTERS.

Surname	Given Name	
Name in Chinese	(if applicable)	
Date of Birth	(dd/mm/yyyy)	
Correspondence Address		
Permanent Address		
Contact Number	Mobile:	Home:
	Office:	Pager:
	Fax:	
Email Address		
Specialty		
Current Practice (Please tick one)	<input type="checkbox"/> Hospital Authority (Please specify _____) <input type="checkbox"/> University Practice (Please specify _____) <input type="checkbox"/> Private Hospital (Please specify _____) <input type="checkbox"/> Private Practice (Please specify _____) <input type="checkbox"/> Overseas (Please specify _____) <input type="checkbox"/> Retired	

\* The update of the above personal information will be effective from \_\_\_\_\_(dd/mm/yy)

### DECLARATION

I hereby declare that I agree to provide the above information to The College of Surgeons of Hong Kong for administrative purposes and the information provided in support of this application is accurate and complete.

I understand that it is my responsibility to inform the College for any change of personal particulars, e.g. Correspondence Address, Place of work, Email Address, etc. The College will not be responsible for any issues arise as a result of failure to inform the College.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)