



NOTIFICATION OF CHANGE OF PERSONAL DATA

Name ▶ Membership No. ▶

With effect from

PLEASE CHANGE THE FOLLOWING PARTICULARS:

Correspondence (Please tick) By mail to: Residential address / Correspondence address

By email (whenever possible)

Name of Company ▶

Position Held ▶

Business Address ▶

Tel ▶ Mobile ▶

Fax ▶

Email ▶

Residential Address ▶

Tel ▶ Fax ▶

Signature

Date

Please return this form to the Institute at
21/F Kam Sang Building, 255-257 Des Voeux Road Central, Hong Kong or by fax to (852) 2523 1263. Thank you.