

Personal Particulars Update

Please update your contact details by completing and returning the following form. Correspondences will be delivered to you mainly by e-mail.

|  |  |
| --- | --- |
| Name: | Dr. / Mr. / Mrs. / Miss / Ms |
| Organization: |  |
| Post: |  |
| Mailing Address: |  |
|  |  |
| Tel No: |  | Fax No:  |  |
| E-mail Address: | 1. |
|  | 2.*\*\*For HA employee, please also provide your HA intranet e-mail account. \*\**. |

*Remark: Part of your contact information will be appeared in the “MEMBER’s” area of the HKSCPO Website. Please write to the Secretary if you reject this disclosure.*

Please send the completed form to:

Ms. Diana Chau, Hon. Secretary, HKSCPO

P&O Dept., North District Hospital, 9 Po Kin Road, Sheung Shui, N.T.

E-mail: **secretary@hkscpo.org**

Fax no.: **2683 7787**