

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.

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| --- | --- | --- | --- |
| 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**