# NOTIFICATION OF Change

OF

# cORRESPONDENCE address / other information

With effect from , please change my record as follows:

❑ New Correspondence Address (Address Type: ❑ Residence ❑ Office ❑ Other)

|  |
| --- |
|  |
|  |
|  |

❑ New Practice Type

|  |  |
| --- | --- |
| ❑ | Transfer from Public to Private |
| ❑ | Public (Hospital Transfer from to ) |
| ❑ | Other (Please specify: ) |

❑ New Contact Number

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tel. No.: |  |  | Fax. No.: |  |
|  |  |  |  |  |
| Mobile/Pager: |  |  | E-mail: |  |

|  |  |  |
| --- | --- | --- |
| Name (in Block Letters) |  | Signature |
|  |  |  |
| Membership Status |  | Date |
|  |  |  |

Please complete and return this form by fax: (852) 2873 4077, or by email: hkcos@hkcos.org.hk or by mail to: Honorary Secretary, The Hong Kong College of Orthopaedic Surgeons, Room 905, 9/F, Hong Kong Academy of Medicine Jockey Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.