



# 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](mailto: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.**