



Fax: 3547-2212

Attn: HKSpLD Research Team

Date: _____

Registration No.: _____

Change of Personal Data Form

For Registered HKT User

Name: (Mr/Ms/Dr/Prof) _____
(Surname) (Other names)

Previous Employer: _____

New Employer: _____

Effective Date: _____

Personal Data (please tick the appropriate box(es) where change(s) is/are to be made)

New Position: _____

New mailing address: _____

New Office Telephone No.: _____

New Mobile No.: _____

New Fax No.: _____

New Email address: _____

Other information that needs to be updated: _____

*Please write in English 'BLOCK LETTERS' when filling this form. Thank you.