

# HONG KONG INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

## Membership Record Amendment Coupon

(Please read the Notes in page 2 before completing this Coupon)

Name in English: \_\_\_\_\_  
(Surname) (Other Name)

Membership No.: \_\_\_\_\_ Student No.: \_\_\_\_\_

*Note: If you are currently a registered student of the Institute, please provide student number such that necessary action can be taken to update your respective records accordingly.*

### 1. Change of contact details

Change effective from: (dd/mm/yyyy) \_\_\_\_\_

- a. Correspondence address: (Please put a "✓" in the appropriate box.)
- Business address       Residential address       P.O. Box

**NOTE:**

- If you are working/ residing in Mainland China, in order to avoid loss of mails/ delay in receiving mails from the Institute, please consider providing address in Chinese for our updating.
- Practising certificate holders who wish to change their registered office are required to notify the Institute of such change in writing separately and submit a letter of consent from the landlord/ leaseholder of the registered office, if applicable.

- b. Mail service (for members using an address outside Hong Kong):
- Airmail      (No extra cost is required for airmail service.)       Surface mail      (If not specified, correspondences **except** for important notices e.g. Council Election, annual renewal, etc., will be sent to the address outside Hong Kong by surface mail.)

c. Telephone number: Res. \_\_\_\_\_ Off. \_\_\_\_\_ Ext. \_\_\_\_\_  
 Mobile \_\_\_\_\_

d. Facsimile number: Res. \_\_\_\_\_ Off. \_\_\_\_\_

e. Email address: \_\_\_\_\_

### 2. Change of employment details

Change effective from: (dd/mm/yyyy) \_\_\_\_\_

a. Name of employer: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Position: \_\_\_\_\_

*(For members who have registered as an Authorized Supervisor of the Institute, please also complete Form EIU – Employment Information Update Form for Authorized Supervisors which is obtainable from the Institute's website.)*

### 3. Change of other particulars

New academic qualification attained: Award \_\_\_\_\_ Date \_\_\_\_\_  
(dd/mm/yyyy)

Academic institution \_\_\_\_\_ Country \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(dd/mm/yyyy)

**P.T.O.**

## **NOTES**

**Note 1 –**

**Personal Data (Privacy) Ordinance:** All information provided in this form will be used for purposes relating to the administration of the Professional Accountants Ordinance and Professional Accountants By-laws including membership registration. In addition, the Institute may use the collected data for statistical research and analysis, and for keeping members informed of its services. The provision of personal data by means of this form is voluntary. Data collected is accessible to officers, committees or persons processing the registration and related matters.

Members may access their personal data kept by the Institute and if applicable correct or update it. Please contact the Admission Department at 27th Floor, Wu Chung House, 213 Queen’s Road East, Wan Chai, Hong Kong (tel.: 2287-7228) for the purpose.

**Note 2 –**

Members are requested to make use of this Coupon to notify the Institute of any change of personal particulars. You may also view and update your personal particulars posted in the Members Only section of the Institute’s homepage at: [www.hkicpa.org.hk](http://www.hkicpa.org.hk) if you have already obtained a Login ID for access. Please note that since email is an unidentifiable means of communication, in order to protect the accuracy of the personal data of the members, the Institute will not act upon email requests for change of personal particulars.

**Note 3 –**

The completed Coupon should be sent to the Institute by fax: 2575-6852 **OR** by post: The Registrar, Hong Kong Institute of Certified Public Accountants, 27th Floor, Wu Chung House, 213 Queen’s Road East, Wan Chai, Hong Kong.

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