

Date: _____
Individual ID.: _____
Handled By: _____
Inputted By: _____
Checked By: _____
Remark: _____

Form for Amendment of Personal Information 更改個人資料通知表格

Please fill in any necessary amendment in CAPITAL LETTERS. Such amendment will be reflected in the applicant's personal profile in the HKSI Institute Online Portal (<https://login.hksi.org/login>) TWO WORKING DAYS after the receipt of this form.

請用正楷填寫更改之部份。學會於收到此表格後約2個工作天內更改申請人之個人紀錄。申請人可登入學會電子服務網站 (<https://login.hksi.org/login>) 查閱其已更新之個人資料。

PART 1: Applicant's Information (For Record Checking) 第一部份：申請人資料(作核對用途)

Part 1A (All fields are compulsory)

第一(甲)部份 (所有欄目必須填寫)

Surname (English) 姓氏 (英文)	Given Name (English) 名字 (英文)
Surname (Chinese) 姓氏 (中文) <i>If applicable</i>	Given Name (Chinese) 名字 (中文) <i>If applicable</i>
HK Identity Card/Passport Number 香港身份證/護照號碼	
The above information is for record checking. Amendment will be made to the individual record only if all fields matched with those in the HKSI Institute Online Portal. 本會將會核對上面提供的資料與申請人於學會電子服務網站與之個人紀錄是否完全相符。如若不符，此申請將不獲處理。	

PART 2: Amendment of Personal Particulars 第二部份：更改個人資料

Part 2A For change of name or HK identity Card / Passport number, please provide relevant supporting documents

第二(甲)部份 如要更改姓名或香港身份證/護照號碼，請提供相關文件以作證明

Surname (English) 姓氏 (英文)	Given Name (English) 名字 (英文)
Surname (Chinese) 姓氏 (中文)	Given Name (Chinese) 名字 (中文)
HK Identity Card/Passport Number 香港身份證/護照號碼	
Date of Birth 出生日期 DD 日 MM 月 YY 年	

Part 2B Please put a "✓" in the "☐" next to your preferred phone number, email address and correspondence address

第二(乙)部份 請在您的首選電話號碼、電郵地址及聯絡地址旁的“☐”加上“✓”

Phone Number 電話號碼		
<input type="checkbox"/> Business Phone Number 公司電話號碼	<input type="checkbox"/> Residential Phone Number 住宅電話號碼	<input type="checkbox"/> Mobile Phone Number 流動電話號碼
Email Address 電郵地址		
<input type="checkbox"/> Business Email Address 公司電郵地址	<input type="checkbox"/> Personal Email Address 個人電郵地址	
Correspondence Address 通訊地址		
<input type="checkbox"/> Business Address 公司地址	<input type="checkbox"/> Residential Address 住宅地址	
Current Employment 目前職業		
Company Name 工作機構名稱	Job Title 職位名稱	

PART 3: Accounts Consolidation 第三部份: 帳戶整合

Part 3 If you have opened two or more accounts and intend to merge them into one now, please fill in the user name of the account which you decide to keep

第三部份 若您之前已登記兩個或以上帳戶，並打算現在合併成一個帳戶。請填寫你想保留之登入名稱

User Name 登入名稱

1. For combining accounts with different identity number, please provide relevant documents for verification. 如合併帳戶的身份證明號碼不同，請提供相關文件以作核實。
2. The HKSI Institute will only combine accounts registered by the same person. Accounts consolidation are not reversible and not all accounts are eligible for consolidation. 本學會只會合併同一人的帳戶。帳戶合併後並不能撤銷及並非所有帳戶均能合併。

PART 4: Others 第四部份: 其他

STATEMENT ON COLLECTION OF PERSONAL DATA 收集個人資料聲明

1. You are required to supply your personal data and the information as requested in the application form, where applicable. Otherwise the HKSI Institute may be unable to consider and process your application.
閣下必須提供本表格所要求的個人資料，否則本學會可能不考慮及處理閣下之申請。
2. The personal data provided in this form will be used for processing your application for admission, registration, academic and administrative communication, research, statistical and marketing (Including direct marketing) purposes. In all such circumstances, please be assured that any personal information you supply will be kept strictly confidential.
在法律許可情況下，個人資料將會作為報讀申請、註冊、有關學術及行政通訊、研究、統計、市場分析及推廣(包括直接銷售)等用途。你提供的所有個人資料將絕對保密。
3. The HKSI Institute will send urgent messages to you via email and supplemented by other means such as Short Message Services (SMS). It is therefore important that your email address and mobile number are accurate. Any change should be reported to the HKSI Institute immediately. If you have difficulty in receiving urgent message via email/SMS, please contact the HKSI Institute for separate arrangement.
在緊急情況下，學會將向你發放電郵，或在有需要時附以其他方式，例如短訊以作通知。請準確填寫你的電郵地址及手提電話號碼以便聯絡。如有任何更改，請盡快通知學會提出更新。你如對接收電子郵件或電話短訊通知遇有困難，請聯絡本會，以便作出適當安排。

Applicant's Declaration 申請人聲明

I hereby declare that the information I provided in this application form is complete and correct. 本人謹此聲明在本申請表格中所填報之資料均屬正確無訛。

I do not wish to receive any marketing information from the HKSI Institute. 本人不希望收到任何有關學會發出之市場資訊。

Signature of Applicant 申請人簽署: _____

Date 日期: _____

Address 17/F, Cambridge House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong 香港鰂魚涌英皇道979號太古坊康橋大廈17樓

Website 網址: www.hksi.org Email 電郵: info@hksi.org