Change of Personal Particulars
更改個人資料表格

This application form and relevant document(s) (if applicable) should be submitted to Central Registration Office at **17/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong (Enquiry Tel: 2961 8649)**

申請表格及相關文件（如適用）須遞交至**香港灣仔皇后大道東 213 號胡忠大廈 17 樓中央註冊室（電話: 2961 8649）**

For other enquiries, please contact the Secretariat of Chiropractors Council：
其他查詢可聯絡脊醫管理局秘書處：
Tel 電話: 2527 8369; Email 電郵: chiro-council@dh.gov.hk

I, _____ (_____), hereby inform the Secretary of the Chiropractors Council
(English Name) (Registration No.)

本人 _____ (_____) 謹此通知脊醫管理局
(中文姓名) (註冊編號)

that my personal particulars are to be changed as follows, with **immediate effect / with effect* from

_____*(YYYY-MM-DD)*：

本人將更改以下個人資料，**即時生效／自*_____*(YYYY-MM-DD)起生效*：

**Please delete as appropriate*. 請刪去不適用者。

Please put a "✓" in the box(es) next to the item(s) to be changed. 請在更改項目旁的空格內加上✓號。

☐ Change of Name 更改姓名 (*Please attach a **copy of the HKID card** and a **copy of the document issued by the Immigration Department showing the change of name or the addition of an alias**.)* （請夾附**身份證副本**及**入境處發出的證明文件，以核證已更改的姓名或加入的別名**）	Chinese name: 中文姓名 English name: 英文姓名
☐ Change of Phone Number 更改電話號碼	Phone Number: 電話號碼
☐ Change of Fax Number 更改傳真號碼	Fax Number: 傳真號碼

☐ Change of Email Address 更改電郵地址	Email Address: 電郵地址
☐ Change of Correspondence Address 更改通訊地址	English Address (completed in block letters): **中文地址（以正楷填寫）：**
☐ Change/Addition of Practising Address 更改／增加執業地址	(1) English Address (completed in block letters): **中文地址（以正楷填寫）：** (2) English Address (completed in block letters): **中文地址（以正楷填寫）：**

(Please use separate sheets if the above spaces are not enough. 如上述空間不敷使用，請另加附頁。)

Note (1) : Under section 8(3) of the Chiropractors Registration Ordinance, a person whose name is entered in the register shall within 28 days notify the Secretary of any change in the names, addresses and any other details that the Council may direct of all persons who have been registered.

注(1)：根據《脊醫註冊條例》第8(3)條，名列於名冊的人須在姓名、地址及管理局指示的任何其他細節有所變更後28天內，就有關變更通知秘書。

Signature: **Date:**
簽署 _____ **日期** _____

Statement of Purpose
for Collection of Personal Information in respect of
the Change in Personal Particulars

更改個人資料收集用途聲明

Purpose of Collection 收集資料的目的

The personal data provided by a registrant are for the following purposes in relation to the Chiropractors Registration Ordinance, Cap. 428:

i. for compliance with section 8 of the above-quoted Ordinance;
ii. for record/statistical purpose;
iii. to facilitate communication or follow-up action as required in inquiries; and
iv. to conduct in-depth investigation in complaint cases.

已就上述專業獲註冊的人所提供的個人資料，是用作關於香港法例第 428 章《脊醫註冊條例》的下列用途:

i. 為符合上述條例的第 8 條；
ii. 為紀錄及統計的目的；
iii. 於查詢中利便溝通或跟進；及
iv. 於投訴個案中作進一步調查。

Access to Personal Data 查閱個人資料

You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasions as mentioned in paragraph above. A fee may be imposed for complying with a data access request.

根據《個人資料(私隱)條例》第 18 條及 22 條以及其附表 1 第 6 原則所述，你有權查閱及修正個人資料，包括有權取得你於以上段落所述的情況下所提供的個人資料。應查閱資料的要求而提供的資料，可能要徵收費用。

Enquiries 查詢

Enquiries concerning the personal data provided, including access and the making of corrections, should be addressed to:-

Chiropractors Council Secretariat
46/F, Revenue Tower
5 Gloucester Road
Wan Chai Hong Kong

有關所提供的個人資料(包括查閱及修正資料)的查詢，應送交：
香港灣仔告士打道 5 號
稅務大樓 46 樓
脊醫管理局秘書處

電話: 2527 8369
電郵: chiro-council@dh.gov.hk