持續進修基金 – 更改個人資料通知書

Continuing Education Fund – Notification of Change of Personal Data

致 To	:	**持續進修基金辦事處 Office of the Continuing Education Fund**
地址 Address	:	**香港荃灣青山公路388號中染大廈25樓07-11室 Units 07-11, 25/F., CDW Building, 388 Castle Peak Road, Tsuen Wan, Hong Kong**
傳真號碼 Fax No.	:	**2152 9898, 2152 9899**

此部份必須填寫 This part must be completed*

英文姓名 Name in English:	中文姓名 (如適用) Name in Chinese (if applicable):
香港智能身份證號碼 Hong Kong Smart Identity Card Number:	申請編號 Application Number:

更改個人資料 Change of personal particulars (請填寫合適部份 Please fill in the relevant part(s))

A. 新姓名 New Name

新英文姓名
New Name in English

新中文姓名
New Name in Chinese _____

注意1：請先填姓氏，後填名字。
注意2：你必須提供改名契及新香港智能身份證之影印本。如有需要，本辦事處可能會要求你提供有關證明文件的正本。
Note 1: Please fill in the surname first and then other name.
Note 2: You are required to provide the photocopy of Deed Poll and new Hong Kong Smart Identity Card. If necessary, we may require you to produce the original copy of the said identification document for verification.

B. 新通訊地址 New Correspondence Address

(請用正楷，並靠左填寫 Please complete in English block letters and left-justified)

室 Flat　　層 Floor　　座 Block

大廈名稱 Name of Building

屋邨 / 屋苑 Estate / Court

街號及街名 No. & Name of Street

地區 District

香港 Hong Kong = 1　九龍 Kowloon = 2　新界 New Territories = 3

C. 新聯絡方式 New Contact No.

新住宅電話
New Residential Telephone:

新本地流動電話
New Local Mobile Phone:

_____　　_____

申請人簽署
Signature of applicant

日期 Date

*申請人必須提供全部所需的資料。申請人如未能按要求提供必須的資料，將可能導致本辦事處未能處理有關申請。
The supply of data is compulsory. Failure to provide such obligatory data may result in us being unable to process your application.

由辦事處填寫 For Office Use Only

Date Received: _____

Handled By: _____　　Reviewed By: _____