



持续进修基金 – 更改个人资料通知书

Continuing Education Fund – Notification of Change of Personal Data

致	:	持续进修基金办事处
To		Office of the Continuing Education Fund
地址	:	新界荃湾青山公路388号中染大厦25楼07-11室
Address		Units 07-11, 25/F., CDW Building, 388 Castle Peak Road, Tsuen Wan, New Territories
传真号码	:	2152 9898, 2152 9899
Fax No.		

此部份必须填写 This part must be completed*

英文姓名 Name in English:	中文姓名 (如适用) Name in Chinese (if applicable):
香港智能身份证号码 Hong Kong Smart Identity Card Number:	申请编号 Application Number:

更改个人资料 Change of personal particulars (请填写合适部份 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: 请先填姓氏, 后填名字。

注意2: 你必须提供改名契及新香港智能身份证之影印本。如有需要, 本办事处可能会要求你提供有关证明文件的正本。

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. 新通讯地址 New Correspondence Address

室 Flat	层 Floor	座 Block
大厦名称 Name of Building		
屋邨/屋苑 Estate / Court		
街号及街名 No. & Name of Street		
地区 District		

C. 新联络方式 New Contact

新住宅电话 New Residential Telephone:	<input style="width: 90%;" type="text"/>	新本地流动电话 New Local Mobile Phone:	<input style="width: 90%;" type="text"/>
新电邮地址 New Email Address:			

申请人签署

Signature of applicant

日期 Date

* 申请人必须提供全部所需的资料。申请人如未能按要求提供必须的资料, 将可能导致本办事处未能处理有关申请。
The supply of data is compulsory. Failure to provide such obligatory data may result in us being unable to process your application.

由办事处填写 For Office Use Only

Date Received:	
Handled By:	Reviewed By: _____