

To: Secretary of the Medical Laboratory Technologists Board  
致：醫務化驗師管理委員會秘書

Form (A)  
表格(A)

**Confirmation/Change of Practising Address 確認/更改執業地址**

Under section 14(5) of the Supplementary Medical Professions Ordinance, every person registered shall report to the secretary of the board (a) every address at which he practises his profession; and any change to the address referred in (a) within 2 months of such change. Failing to make a report according to the above provisions without reasonable excuse commits an offence.

根據《輔助醫療業條例》第 14(5) 條，註冊人士均須向有關委員會秘書申報(a) 他從事其專業的每一處地址；及就(a) 所述的任何地址有所更改時，在更改地址後 2 個月內向秘書申報。無合理辯解而不按上述條例作出申報，即屬犯罪。

I have checked my practicing address(es) record on the back page of the Declaration of Application for Annual Practising Certificate and confirm that –  
我已核對申請週年執業證明書的聲明背面的執業地址記錄並確認 –

My practising address(es) has / have remained unchanged.  
我的執業地址沒有更改。

My practising address(es) is(are) changed/ added as follows -  
我的執業地址已更改/增加如下-

<b><u>Change in Practising Address 更改執業地址</u></b>	<b><u>Addition of Practising Address 增加執業地址</u></b>
I have changed my practising address(es) as follows 我的執業地址已更改如下-	I have the following additional practising address(es) 我有下列的新增的執業地址-
English Address (completed in block letters):	English Address (completed in block letters):
中文地址 (以正楷填寫):	中文地址 (以正楷填寫):

Signature 簽署: \_\_\_\_\_ Registration No 註冊編號: \_\_\_\_\_

Name 姓名: \_\_\_\_\_ Contact Tel No 電話號碼: \_\_\_\_\_

Date 日期: \_\_\_\_\_

Note : Please return the completed form to the Central Registration Office at 17/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong or fax it back at 2891 7946.

注意：請交回已填妥的表格到中央註冊辦事處，地址是香港灣仔皇后大道東 213 號胡忠大廈 17 樓，傳真號碼是 2891 7946。

To: Secretary of the Medical Laboratory Technologists Board  
致：醫務化驗師管理委員會秘書

Form (A)  
表格(A)

**Confirmation/Change of Correspondence Address 確認/更改通訊地址**

Under section 11 of the Supplementary Medical Professions Ordinance, a list of the names, addresses, qualifications and dates of the qualifications of all persons whose names appear on the register has to be published annually in the Government of the Hong Kong Special Administrative Region Gazette. The correspondence address (which can be the practising address, the residential address, a Post Office Box number, etc.) that you provided will appear in the Gazette and on the relevant Government website where the e-Gazette is published. The names and the registration numbers of registrants will also be posted on the website [www.smp-council.org.hk](http://www.smp-council.org.hk). The main purpose of publishing such information is to protect the public by creating a public record of persons who are registered as medical laboratory technologists and are entitled to practise the concerned profession in Hong Kong.

根據《輔助醫療業條例》第 11 條，載有姓名列於註冊名冊內的全部人的姓名、地址、資格及獲得資格的日期的名單須每年於香港特別行政區政府憲報刊登。你所提供的通訊地址(可以是執業地址、住宅地址、郵政信箱號碼等)將刊登於憲報及載有電子憲報的有關政府網址。註冊人士的姓名及註冊編號亦會被存放於網址 [www.smp-council.org.hk](http://www.smp-council.org.hk)。刊登這些資料的目的是建立一個可於香港執業的註冊醫務化驗師的公開記錄，以保障公眾。

I have checked my correspondence address(es) record on the back page of the Declaration of Application for Annual Practising Certificate and confirm that –  
我已核對申請週年執業證明書的聲明背面的通訊地址記錄並確認 –

- My correspondence address(es) has / have remained unchanged.  
我的通訊地址沒有更改。
- My correspondence address(es) is(are) changed / added as follows -  
我的通訊地址已更改如下-

English Address (completed in block letters):	中文地址 (以正楷填寫):

Signature 簽署: \_\_\_\_\_ Registration No 註冊編號: \_\_\_\_\_

Name 姓名: \_\_\_\_\_ Contact Tel No 電話號碼: \_\_\_\_\_

Date 日期: \_\_\_\_\_

**Note :** Please return the completed form to the Central Registration Office at 17/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong or fax it back at 2891 7946.

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