


To: Secretary of the \* Optometrists / Physiotherapists / Radiographers Board

致：\* 視光師 / 物理治療師 / 放射技師 管理委員會秘書

Form (A)

表格(A)

**Change in Correspondence Address 更改通訊地址**

 Please note that my correspondence address in both English and Chinese has been changed as follows -  
請注意我的中英文通訊地址已更改如下：

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

Note: 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 that you provided (which can be the practising address, the residential address, a Post Office Box number, etc.) 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 optometrists/ physiotherapists/radiographers and are entitled to practise the concerned profession in Hong Kong.

注意: 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視光師/物理治療師/放射技師的公開記錄, 以保障公眾。

<b>Change in Practising Address 更改執業地址</b>	<b>Addition of Practising Address 增加執業地址</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: \_\_\_\_\_

Name 姓名: \_\_\_\_\_

Registration No 註冊編號: \_\_\_\_\_

Contact Telephone 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。

\* Please delete as appropriate. 請刪去不適用部分