



CERVICAL SCREENING PROGRAMME

Information Update Form

for Service Providers
& Lab Professionals

(Please fill in this form in BLOCK letters)

Personal Particulars

Name: _____ <small>(As on HKID/passport)</small>	<i>Surname</i>	Chinese name: _____ <small>(If any, as on HKID/passport)</small>
#HKID / Passport number: _____	Date of birth: _____ / _____ / _____ <small>Day Month Year</small>	
User type: <input type="checkbox"/> Service provider <input type="checkbox"/> Lab professional		

Information to be updated

Correspondence address: _____ _____	
<input type="checkbox"/> Hong Kong <input type="checkbox"/> Kowloon <input type="checkbox"/> New Territories	
Home Tel. no.: _____	Mobile phone: _____
Office Tel. no.: _____	E-mail address: _____
Others: _____ _____ _____	

Declaration

I confirm that the above information is correct and complete.	
Signature: _____	Date: _____

Thank you

Delete as appropriate

Please send this completed form to Cervical Screening Programme by mail:



Cervical Screening Programme
Department of Health,
18/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong

Photocopy of the blank form is allowed. Information update can also be done on-line through the website www.csis.gov.hk.