

**Notification on change of particulars
under Section 11(3) of the Land Survey Ordinance (Cap. 473)**

(Please tick in the appropriate box and fill in the new particulars)

To: The Registrar,

NAME: *(Mr/Mrs/Miss/Ms) _____ **REGISTRATION NO.:** _____

CHANGE OF ADDRESS/TELEPHONE NO.

Address:*(Office / Residence) _____

Office Address in Chinese: (for practising ALS only) _____

Correspondence Address: (if different from above) _____

Telephone No.:(Office / Residence) _____ *(Mobile/Pager) _____

Fax. No.: _____ E-mail Address: _____

CHANGE OF EMPLOYMENT

Employer / Name of Firm: _____

Name of Firm in Chinese: (if applicable) _____

Address of Firm in Chinese: (for practising ALS only) _____

Position: _____ Effective Date: _____

CHANGE OF ACADEMIC QUALIFICATIONS

Issuing Authority:	Qualifications:	Date:	Subject passed and level attained:
_____	_____	_____	_____
_____	_____	_____	_____

CHANGE OF PROFESSIONAL QUALIFICATIONS

Professional qualification obtained:	Name of Institution:	Membership No.:	Effective Date:
_____	_____	_____	_____

Professional qualification ceased:	Name of Institution	Effective Date:
_____	_____	_____

DECLARATION

I declare that to the best of my knowledge and belief the information given above is true. Please update my particulars in the Register accordingly.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

Form received on: _____ **File no.:** _____

Remarks:

*Delete where inappropriate