TRADITIONAL CHINESE MEDICINE PRACTITIONERS BOARD 中医管理委员会
81 Kim Keat Road #09-00, Singapore 328836
General Enquiries: (65) 6355 2488 Fax: (65) 6355 2489
Email: enquiries@tcmpb.gov.sg

REPORT ON CHANGES FORM
更新报告表格

Registered TCM Physicians and Acupuncturists must inform the Registrar in writing of any change in their names, practice (including name, place and address of place of practice), residential addresses or other personal particulars (eg contact numbers) within 28 days of the change. Any person who fails to comply shall be liable to a fine not exceeding $1,000 on conviction. Please login to www.tcmpb.gov.sg to check your personal particulars as recorded.

注册中医师或针灸师必须在 28 天内以书面通知注册官任何有关姓名、执业（执业所的名称、地点、地址等）、住家地址、其他资料（如联络号码等）的更改。没有通知者在定罪后可被罚款不超过 $1,000。请进入网站 www.tcmpb.gov.sg 查询您个人的资料记录。

Name of Registered Person (English): _____ **(Chinese):** _____
注册人英文姓名 **中文姓名**

Registration Number 注册号码: _____

Please update my personal particulars as indicated below:
请更新我的个人资料如下:

□ **Change in Name 更改姓名**

Name in English: _____

中文姓名： _____

Date of Change 更改日期： _____

Please attach Deed Poll and clear photocopy of NRIC (front and back). 请附上单边契据及有更改中英文姓名的居民证影印副本 (前后两面)。

□ **Change in Residential Status 更改居民身份**

□ Changed to Singapore Permanent Resident (PR) 改换为新加坡永久居民
□ Changed to Singapore Citizen 改换为新加坡公民

New NRIC Number 新居民证号码： _____

Date of Issue 发出日期： _____

Please attach clear photocopy of new NRIC (front and back). 请附上新的居民证影印副本 (前后两面)。

□ **Change in NRIC Address/Contact Numbers 更改居民证地址/联络号码**

Block/House No.: _____ Street Name: _____

Level/Unit No.: # _____ Building Name: _____

Postal Code: _____ Home Tel: _____ Home Fax: _____

Handphone: _____ Personal Email Address: _____

Date of Change 更换日期： _____

□ **Change in Practice Activity 更改执业状况**

□ Full-time 全职 □ Part-time 兼职 □ Not practising 没有执业

Date of Change 更改日期：_____

□ **Add/Change a Practice Place 增加/更改执业地点**

□ Private TCM Clinic 私人中医诊所 □ Charitable/Welfare Clinic 慈善/福利诊所
□ Private Western Clinic 私人西医诊所

Is this the Principal Practice Place 这是不是主要执业地点 □ Yes 是 □ No 不是

Practice Place Name (English): _____

执业地点名称（中文）：_____

Practice Place Address 执业地点地址：

Block/House No.: _____ Street Name: _____

Level/Unit No.: # _____ Building Name: _____

Postal Code: _____ Clinic Tel: _____ Clinic Fax: _____

Clinic Email Address 诊所电邮地址：_____

Date of Change 更改日期：_____

Please attach a letter of confirmation of the above from your employer when you fill up this section. 填此部分时，请附上雇主证明信。

□ Restructured Hospital 重组医院 □ Private Hospital 私人医院
□ Educational Institution 教育机构 □ Other Organisation/Institution 其他组织/机构

Is this the Principal Practice Place 这是不是主要执业地点 □ Yes 是 □ No 不是

Name of Hospital / Institution (English): _____

医院/机构名称 (中文): _____

Department 部门: _____

Appointment 职位: _____ Date Appointed 受雇日期: _____

Area of Practice 执业范围: _____

Block/House No.: _____ Street Name: _____

Level/Unit No.: # _____ Building Name: _____

Postal Code: _____ Tel: _____ Fax: _____

Organisation Email Address 组织电邮地址：_____

Date of Change 更改日期：_____

Please attach a letter of confirmation of the above from your employer when you fill up this section. 填此部分时，请附上雇主证明信。

□ **Change in Preferred Mailing Address 更改通信地址**:

□ NRIC address
居民证地址

□ Other address (please give details)
其他地址（注明）

_____

□ Principal Practice address
主要执业地址

_____

_____

Date of Change 更改日期：_____

□ **Delete/Change a Practice Place Name/Address/Contact Numbers**
删除/更改执业地点名称/地址/联络号码

Please attach letter(s) of confirmation/resignation of practice from your employer (including effective dates of changes) when you fill up this section. 填此部分时，请附上雇主证明信 (包括更改的有效日期)。

□ **Other Changes 其他更改**

Please list out other changes in detail with dates of changes. 请详细列出其他更改并注明更改日期。
(You may attach the list on a separate piece of paper, if necessary. 如有必要的话，请另附上列单。)

_____	_____	_____
Name of Requesting TCM Practitioner (English & Chinese) 中医执业者中英文姓名	Signature 签名	Date 日期

Registration Number 注册号码: _____