

REPORT ON CHANGES FORM
更新报告表格

A registered TCM practitioner must inform the Registrar in writing of any change in his name, his practice (including name, place and address of place of practice), residential address 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.

注册中医执业者必须在 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

NRIC/FIN Number 居民证号码: _____

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 photocopy of NRIC with new name in English & Chinese (front and back).
请附上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 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 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: _____

Change in Practice Place Name/Address/Contact Numbers
更改执业地点名称/地址/联络号码

- 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.: _____ Unit No.: _____ Building Name: _____

Street Name: _____ Postal Code _____

Tel 电话: _____ Fax 传真: _____

Email Address 电邮地址: _____

Date of Change 更改日期: _____

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- 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: _____

Tel 电话: _____ Fax 传真: _____ Handphone 手机: _____

Email Address 电邮地址: _____

Date of Change 更改日期: _____

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

Block/House No.: _____ Unit No.: _____ Building Name: _____

Street Name: _____ Postal Code _____

Tel 电话: _____ Fax 传真: _____ Handphone 手机: _____

Email Address: _____

Date of Change 更换日期: _____

Please attach photocopy of NRIC with new address (front and back).
请附上有更改地址的居民证影印副本 (前后两面)。

Change in Preferred Mailing Address 更改通信地址:

NRIC address
居民证地址

Practice address
执业地址

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

Date of Change 更改日期: _____

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

NRIC/FIN No. 居民/外国人身份证号码: _____