



HONG KONG INSTITUTE OF ACCREDITED ACCOUNTING TECHNICIANS LIMITED
PERSONAL RECORD UPDATE FORM

Please complete and return this form for any change in your personal particulars via fax or post to:
 Hong Kong Institute of Accredited Accounting Technicians Limited
 27/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong
 Fax: 2823-0606

PBE/AAT Exam. Registration No: _____	Year of graduation: June/Dec _____
Membership No: _____	(For graduate only)
Name: Mr / Miss / Mrs / Ms _____ ()	
Correspondence Address:	_____

Home Address:	_____

E-mail:	_____
Contact Number: _____ (Home)	_____ (Office)
Mobile: _____	Fax: _____
College / Course: _____	
If you have changed employment, please provide the following details:	
Name of Employer: _____	
Business Nature:	<input type="checkbox"/> Accounting Practice (CPA Firm) <input type="checkbox"/> Public Sector / Government <input type="checkbox"/> Non-profit Making Organisation <input type="checkbox"/> Industry <input type="checkbox"/> Commerce <input type="checkbox"/> Education <input type="checkbox"/> Others: _____
Job Title: _____	
Size of Organisation (No. of employees):	
<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 500 or over (Please <input checked="" type="checkbox"/> as appropriate)	
Signature _____	Date _____
<u>For Office Use Only</u>	
Post Update <input type="checkbox"/>	Fax Update <input type="checkbox"/>
Received Date: _____	Return Letter Update <input type="checkbox"/> (_____ Sent Out of _____)
Update Date: _____	Update Date: _____
Checked by: _____	Update by: _____

In the case of any change to your name & HKID, please furnish us with the relevant supporting documents.