

Dear HKCFP Secretariat,

**RE: MCHK CME Programme for Practising Doctors
Who are not taking CME Programme for Specialists**

Please be informed that I have chosen (HKDU / HKMA / DH*) as my CME Administrator
with effect from_____.

Please remove my name from the Academy's Register and transfer all my CME records to
(HKDU / HKMA / DH*).

**delete as appropriate*

Full Name:

Surname, Given Name

HKCFP Membership No.:

MCHK Registration No:

Email:

Contact mobile no.

Signature:

Date:
