



香港外科醫學院

The College of Surgeons of Hong Kong

601, Hong Kong Academy of Medicine Jockey Club Building

99 Wong Chuk Hang Road, Aberdeen, Hong Kong

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Application for Retired Rate /Withdrawal from the Fellowship

To: The Honorary Secretary
The College of Surgeons of Hong Kong
Room 601, 6/F, Hong Kong Academy of Medicine,
99 Wong Chuk Hang Road,
Aberdeen, Hong Kong. (Fax: 2518 3200)

Please tick the appropriate box

I write to inform you that I (Full name in English in Block Letters) _____ (HKID/Passport No. _____)

would like to apply for retired rate for fellowship as I have retired from active practice in and outside Hong Kong on _____ (Effective Date*) /

would like to withdraw from the Fellowship of the College of Surgeons of Hong Kong (FCSHK) on _____ (Effective Date*)

Signature _____

Date: _____

(*Please allow at least four weeks between your submission and your proposed effective date for processing of your application)

(Please send this completed form to the College Secretariat by post or by email at kilam@cshk.org or fax 2518 3200.)

Notes:

Hong Kong Academy of Medicine will be informed of your retirement from active practice/withdrawal from FCSHK.

Retirement from active practice

1. Retired subscription rate is 1/10 of the full subscription rate, i.e. HKD330. There will be no refund of paid subscription.
2. Fellows concerned must inform the College immediately should there be any change of their retirement status and the reduced rate will cease to apply thereafter.
3. The Academy will consider application for CME/CPD exemption from a Fellow only if he/she has formally submitted a written declaration to the Academy/College that he has retired from active practice.

Withdrawal from the Fellowship of the College of Surgeons of Hong Kong

1. All paid annual subscription fees will not be refunded.
2. The name of applicant will be removed from the Register of the College of Surgeons of Hong Kong.
3. Withdrawal is **IRREVOCABLE**

For Office use ONLY:

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