

致 口腔健康教育組幼稚園組

To: Kindergarten Group, OHEU

電話號碼 Telephone No. : 21999200

圖文傳真 Fax No. : 2760 4073

**更新登記資料通知書** <幼稚園/幼兒園適用>

**Notice for the Update of Registration Details** <For Kindergarten/Nursery>

機構編號 Organization ID : \_\_\_\_\_

機構名稱 Organization Name : \_\_\_\_\_

電話號碼 Telephone No : \_\_\_\_\_

請更改本機構的資料如下〔請在適用方格加上「✓」號，並填寫新資料。〕

Please update the organization details as follows (Please put a "✓" in the appropriate box and fill in the details.):

機構名稱 Organization Name

中文 : \_\_\_\_\_

English: \_\_\_\_\_

機構地址 Organization Address

中文 : \_\_\_\_\_

English: \_\_\_\_\_

機構電郵地址 Organization E-mail Address : \_\_\_\_\_

機構電話號碼 Organization Telephone No. : \_\_\_\_\_

機構傳真號碼 Organization Fax No. : \_\_\_\_\_

聯絡人姓名 Contact Person : \_\_\_\_\_

職位 Post : \_\_\_\_\_

本機構與以下機構合併

Our organization has combined with the following organization:

\_\_\_\_\_

本機構\*已/ 將於\_\_\_\_\_年\_\_\_\_月\_\_\_\_日停止運作。 \* 請將不適用刪去

Our organization \*has been ceased on/ will be ceased after \_\_\_\_\_ from operation.

\*Please delete when inappropriate.

負責人簽署  
Authorized Signature

機構印章  
Organization Stamp

日期  
Date

填妥表格後，請傳真至 2760 4073 口腔健康教育組收。

Please fax to Oral Health Education Unit at 2760 4073 upon completion.