

Hong Kong Qualifications Register (QR) 香港資歷名冊

Add/ Change of Enrolled User 申請/更改登記用戶

To: QR Administrator 資歷名冊管理員

Fax: 2845 5951

Email: qadmin@hkcaavq.edu.hk

Official Use Only

Checked by: _____

Updated by: _____

Date of amendment made: _____

I would like to add/change the following enrolled user(s)

本人欲申請/更改下述登記用戶

Add a new enrolled user 增加登記用戶

(If there are already two enrolled users registered under the operator/Appointed Assessment Agency (AAA), please indicate the user to be replaced by deleting an existing user. 如營辦者/受委評估機構已有兩位登記用戶，請刪除被取代的現有登記用戶。)

	<i>Field Length (Character)</i>
User Name in English 英文全名	40
User Name in Chinese 中文全名	20
User Business Title 職位	80
Email Address of User 電郵 (Please underline all numerical characters for easy identification. 請將數字加底線以作識別)	60
Phone No. of User 電話	20
Fax No. of User 傳真號碼	20
Postal Address of User 郵遞地址	250(English)/ 80(Chinese)

Delete an enrolled user 刪除現有登記用戶

	<i>Field Length (Character)</i>
User Name in English 英文全名	40
User Name in Chinese 中文全名	20
User Business Title 職位	80
Email Address of User 電郵 (Please underline all numerical characters for easy identification. 請將數字加底線以作識別)	60
Phone No. of User 電話	20
Fax No. of User 傳真號碼	20
Postal Address of User 郵遞地址	250(English)/ 80(Chinese)

Change the personal particulars of an enrolled user 更改現有登記用戶資料

(* Please check the box(es) when appropriate. 祇需在適用的空格上加√)

		<i>Field Length (Character)</i>
<input type="checkbox"/> User Name in English 英文全名		40
<input type="checkbox"/> User Name in Chinese 中文全名		20
	<u>Original 原有資料</u> <u>Changed to 更改為</u>	
<input type="checkbox"/> User Business Title 職位		80
<input type="checkbox"/> Email Address of User 電郵 (Please underline all numerical characters for easy identification. 請將數字加底線以作識別)		60
<input type="checkbox"/> Phone No. of User 電話		20
<input type="checkbox"/> Fax No. of User 傳真號碼		20
<input type="checkbox"/> Postal Address of User 郵遞地址		250(English)/ 80(Chinese)

Full Name of Operator/AAA registered on the
Qualifications Register

營辦者/受委評估機構於資歷名冊內登記的名稱 : _____

Submitted by 遞交者名稱 : _____

(Name of Authorized Head of the Operator/AAA
營辦者/受委評估機構授權主管)

Business Title 職位 : _____

Contact Phone No. 電話 : _____

Signature 簽署 : _____

Operator/AAA's Chop

營辦者/受委評估機構印鑑 : _____

Date 日期 : _____

Note: If you need further information on completing this form, please contact the HKCAAVQ at 3658 0001.

填表時如有需要，可致電 3658 0001 向香港學術及職業資歷評審局查詢