

Hong Kong Qualifications Register (QR) 香港資歷名冊
Change of Operator/Appointed Assessment Agency (AAA) Data Profile
更改營辦者/受委評估機構資料

To: QR Administrator

Fax: 2845 5951

Email: qradmin@hkcaavq.edu.hk

Official Use Only

Checked by: _____

Updated by: _____

Date of amendment made: _____

I would like to make the following amendment(s)*

本人欲更改下述資料*

	<u>Original 原有資料</u>	<u>Changed to 更改為</u>	<u>Field Length (Character)</u>
<input type="checkbox"/> Short Name 英文簡稱			20
<input type="checkbox"/> Full Name 英文全名			130
<input type="checkbox"/> Full Name in Chinese 中文全名			65
<input type="checkbox"/> Language Control Flag 語言 (E/C/B/I)			1
<input type="checkbox"/> Traditional Chinese 繁體中文 (Y/N)			1
<input type="checkbox"/> Validity Start Date 有效期開始日 (yyyymmdd)			10
<input type="checkbox"/> Validity End Date 有效期終止日 (yyyymmdd)			10
<input type="checkbox"/> Country/Region of Operator/AAA 營辦者/受委評估機構所屬國家/地區			3
<input type="checkbox"/> Enquiry Phone No. 查詢電話			40
<input type="checkbox"/> Enquiry Fax No. 查詢傳真號碼			20
<input type="checkbox"/> Enquiry Email 查詢電郵 (Please underline all numerical characters for easy identification. 請將數字加底線以作識別)			60

	<u>Original</u> 原有資料	<u>Changed to</u> 更改為	<u>Field Length</u> <u>(Character)</u>
<input type="checkbox"/> Postal Address in English and Chinese 中英文郵遞地址			250(English) 80(Chinese)
<input type="checkbox"/> Billing Address 帳戶地址 (Please include name and title of contact, name of organization and mailing address. 請填寫聯絡人之姓名、職位、機構名稱及郵遞地址。)			400(English) 128(Chinese)
<input type="checkbox"/> Billing Email 帳戶電郵 (Please underline all numerical characters for easy identification. 請將數字加底線以作識別)			60
<input type="checkbox"/> Website 網址			40
<input type="checkbox"/> Primary Contact 基本聯絡人英文全名			40
<input type="checkbox"/> Primary Contact in Chinese 基本聯絡人中文全名			10
<input type="checkbox"/> Title of Primary Contact 基本聯絡人英文職位			80
<input type="checkbox"/> Title of Primary Contact in Chinese 基本聯絡人中文職位			40
<input type="checkbox"/> Primary Contact Phone No. 基本聯絡人電話			20
<input type="checkbox"/> Primary Contact Fax No. 基本聯絡人傳真號碼			20
<input type="checkbox"/> Primary Contact Email 基本聯絡人電郵 (Please underline all numerical characters for easy identification. 請將數字加底線以作識別)			60
<input type="checkbox"/> Secondary Contact 第二聯絡人英文全名			40
<input type="checkbox"/> Secondary Contact in Chinese 第二聯絡人中文全名			10

	<u>Original 原有資料</u>	<u>Changed to 更改為</u>	<u>Field Length (Character)</u>
<input type="checkbox"/> Title of Secondary Contact 第二聯絡人英文職位			80
<input type="checkbox"/> Title of Secondary Contact in Chinese 第二聯絡人中文職位			40
<input type="checkbox"/> Secondary Contact Phone No. 第二聯絡人電話			20
<input type="checkbox"/> Secondary Contact Fax No. 第二聯絡人傳真號碼			20
<input type="checkbox"/> Secondary Contact Email 第二聯絡人電郵 (Please underline all numerical characters for easy identification. 請將數字加底線以作識別)			60

*Please check the box(es) when appropriate.

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。

Revised 9.3.2010