

**Form on Change of Particulars in eHealth (Subsidies) Account  
of Health Care Voucher Scheme**

**To: The Director of Health, HKSAR Government (“the Government”)  
Suites 901-4, 9/F AXA Tower, Landmark East,  
100 How Ming Street, Kwun Tong, Kowloon  
(Fax: 3582 4115)  
(Email: [hcvd@dh.gov.hk](mailto:hcvd@dh.gov.hk))**

*[Note: \* Delete the inapplicable]*

I would like to change the following particulars in relation to \* my / my child’s eHealth (Subsidies) Account created under the Health Care Voucher Scheme (HCVS).

- \*(a) Name in English : \_\_\_\_\_
- \*(b) Name in Chinese : \_\_\_\_\_
- \*(c) Gender : \_\_\_\_\_
- \*(d) Date of Birth : \_\_\_\_\_
- \*(e) Date of Issue of  
Hong Kong Identity Card: \_\_\_\_\_

I confirm that \* I am / my child is a Hong Kong resident.

I also enclose a copy of \* my / my child’s Hong Kong Identity Card for reference.

**Undertaking and Declaration**

1. \* I, the undersigned bearing a Hong Kong Identity Card No. \_\_\_\_\_ ( ) / I, guardian of the bearer of Hong Kong Identity Card No. \_\_\_\_\_ ( ), hereby undertake, acknowledge and agree as set out in clause 2 to 6 below.
2. I agree to provide the Government \* my / my child’s personal data including Hong Kong Identity Card No., name (in English and Chinese), gender, date of birth and date of issue of Hong Kong Identity Card.
3. I hereby authorise the Government to use \* my / my child’s Hong Kong Identity Card No., name (in English and Chinese), gender, date of birth and date of issue of Hong Kong Identity Card for the purposes as set out in the Appendix - “Statement of Purpose”.
4. I hereby declare, undertake and warrant that all information provided in this Form and provided by me from time to time to the Government are true, accurate and complete.
5. This Undertaking and Declaration shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.

6. I have read this Undertaking and Declaration carefully and fully understood my obligations and liability under this Undertaking and Declaration.

~~ **Either Part (I) or Part (II) to be completed** ~~

**(I) For eHealth (Subsidies) Account holders aged BELOW 18**

Signature of guardian: \_\_\_\_\_

Relationship: ☐ Father ☐ Mother ☐ Guardian

Name of guardian (in English): \_\_\_\_\_

Hong Kong Identity Card No.: \_\_\_\_\_

Email address / Correspondence address: \_\_\_\_\_

Contact Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_

**(II) For eHealth (Subsidies) Account holders aged 18 OR ABOVE**

Signature of eHealth (Subsidies) Account holder:  
(or finger print if illiterate) \_\_\_\_\_

Name of eHealth (Subsidies) Account holder

(in English): \_\_\_\_\_

(in Chinese): \_\_\_\_\_

Hong Kong Identity Card No.: \_\_\_\_\_

Email address / Correspondence address: \_\_\_\_\_

Contact Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_

Complete only if eHealth (Subsidies) Account holder is illiterate

Signature of Witness: \_\_\_\_\_

Name of Witness (in English): \_\_\_\_\_

Hong Kong Identity Card No.: \_\_\_\_\_

Date: \_\_\_\_\_

**Statement of Purpose**

**Purposes of Collection**

1. The personal data provided will be used by the Government for one or more of the following purposes:
  - (a) the administration and monitoring of the Health Care Voucher Scheme, including verification by the registration office established under the Registration of Persons Ordinance, Cap. 177;
  - (b) for statistical and research purposes; and
  - (c) any other legitimate purposes as may be required, authorized or permitted by law.
2. The provision of personal data in this form is voluntary. If you do not provide sufficient information, the Government may not be able to change the particulars in your eHealth (Subsidies) Account.

**Classes of Transferees**

3. The personal data you provide are mainly for use within the Government but they may also be disclosed by the Government to other organisations for the purpose stated in paragraph 1 above, if required.

**Access to Personal Data**

4. You have a right to request access to and to request the correction of your personal data under Sections 18 and 22 and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance. A fee may be imposed for complying with a data access request.

**Enquiries**

5. Enquiries concerning the personal data provided, including the making of access and correction, should be addressed to:

For HCVS  
Executive Officer  
Health Care Voucher Division  
Department of Health  
Suites 901-4, 9/F, AXA Tower,  
Landmark East, 100 How Ming Street,  
Kwun Tong, Kowloon  
Telephone No.: 3582 4102  
Fax No.: 3582 4115