



**The Hong Kong Academy of Nursing & Midwifery**  
**香港護理及助產專科學院**

Unit 4 & 5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon, Hong Kong SAR  
Email: [info-enquiry@hkanm.hk](mailto:info-enquiry@hkanm.hk) Telephone: (852) 2370 0335 Fax: (852) 2370 0216

**APPLICATION FOR REPLACEMENT OF  
DIPLOMA OF FELLOWSHIP**

*One application for one replacement*

**A. Personal Particulars**

Please type or print in BLOCK LETTERS.

<b>Name in English (Surname First )</b>	
<b>Name in Chinese (if any, as in HKID)</b>	
<b>Name of College</b>	
<b>Specialty</b>	
<b>Fellow number</b>	
<b>Contact number</b>	Office / Home: _____ Mobile: _____
<b>E-mail address</b>	
<b>Correspondence address</b>	

**B. Reason for Replacement** *(Please check as appropriate)*

- Original Diploma of Fellowship lost / stolen / destroyed
- Original Diploma of Fellowship damaged (Please attach original Diploma of Fellowship)
- Name change (Please provide certified copy of legal document on name change and attach Original Diploma of Fellowship.)

**C. Payment**

The charge is HK\$300 for application for replacement of Diploma of Fellowship. Please mail this application form and the supporting documents (if any) together with the crossed cheque make payable to “**The Hong Kong Academy of Nursing & Midwifery Limited**” to:

**Unit 4 & 5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay,  
Kowloon, Hong Kong SAR.**

**Re: Application For Replacement of Diploma of Fellowship.**

I enclose herewith a crossed cheque of for \*HK\$300 / HK320 (including postage) with cheque no. \_\_\_\_\_ of \_\_\_\_\_ Bank to **The Hong Kong Academy of Nursing & Midwifery Limited** as application for replacement of Diploma of Fellowship.

\* Please delete as appropriate



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FOR INTERNAL USE

College Authorization		Name / Position		Date	
HKAN		Name / Position		Date	

**D. Certificate Collection Method** (*Please Check as appropriate*)

- In person (Please produce your HKID card when collecting the replacement copy.)  
 By an authorized person

Please provide details of the authorized person in the following section. The authorized person will be required to produce his / her own HKID to the Academy Office to collect your Diploma of Fellowship. He / She will also be required to sign an acknowledgement of receipt.

Personal Particulars of the Authorized Person

Name (in English, surname first): \_\_\_\_\_ HKID no.: \_\_\_\_\_

Contact no. in Hong Kong: \_\_\_\_\_

- By Registered mail (for local only with additional \$20 postage fee)

The Academy does not take responsibility for any loss of Diploma of Fellowship during postal delivery.

Mailing address

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please type or print in BLOCK LETTERS)

**E. Declaration** (\* Please delete as appropriate)

I am aware that I am not permitted to retain more than one copy, including the replacement copy, of the Diploma of Fellowship for each academic qualification. I hereby declare that my original Diploma of Fellowship for the Academic qualification(s):

- a) \* is lost / destroyed  
b) \* has to be replaced as my name has been legally changed subsequent to my conferment from the Academy. I understand that by requesting a certificate replacement due to name change, my name in the Academy Fellow records will be changed accordingly and I must surrender to the Academy ALL certificates bearing my former name.

c)



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Name:			
Signature of the Fellow:		Date:	

<b><u>Acknowledgement of Receipt</u></b>	
Name (in English, surname first):	
Date :	

***Note on Personal Data Protection:***

***Personal data collected in the form would be used for necessary administration and kept in compliance with the requirements under the Personal Data (Privacy) Ordinance (Cap. 486). The collected personal data would not be transferred to any unrelated third parties without data subject's prior consent.***