HKICL Web Site -Login Password Reset Request Form

From:		(Member Nan	ne)	
10111.		(Clearing Code / Member Code		
Date:				
Please	arrange to reset the password	d of Member ID and inform	our	
		(staff name) of the new passw	ord	
ıt telen		-	010	
t telep	phone number	-	010	
it telep		-		
ıt telep		-	0.20	
at telep		-		
nt telep		-		
		-		
Author	rized Signature(s)	-		
Author Name Title/I	rized Signature(s) (s) in print: Department:	-		
Author (Name (Title/I	rized Signature(s) (s) in print:	-		
Author Name Title/I	rized Signature(s) (s) in print: Department:	-		

	Time/Date	Initial
Instruction received and signature verified by SSM		
Instruction received by Web Administrator		
Password reset and informed to Member		