

PHARMACY AND POISONS ORDINANCE
藥劑業及毒藥條例
(Chapter 138)
(第 138 章)

[regulation 30C(3)]
[第 30C(3) 條]

APPLICATION FOR REGISTRATION AS AUTHORIZED PERSON
註冊為獲授權人的申請

PART A CATEGORY OF APPLICATION

甲部 申請類別

Please tick the appropriate box:

請在適當空格內加上 ✓ 號:

- Authorized Person for Pharmaceutical Manufacturers
申請註冊為藥物製造商的獲授權人
- Authorized Person for Pharmaceutical Manufacturers of Advanced Therapy Products
申請註冊為先進療法製品製造商的獲授權人
- Authorized Person for Pharmaceutical Manufacturers of Medical Gases
申請註冊為醫療氣體製造商的獲授權人
- Authorized Person for Secondary Packaging Manufacturers
申請註冊為外包裝製造商的獲授權人
-

PART B DETAILS OF APPLICANT

乙部 申請人資料

Name (in English):

名稱(英文):

Name (in Chinese):

名稱(中文):

Hong Kong Identity Card No. /

Passport No.#

香港身份證號碼/護照號碼#

Gender:

性別:

Male 男 Female 女

Address:

地址:

Telephone No.:

電話號碼:

Email Address:

電郵地址:

Name of Current Employer:

現任僱主名稱:

Address of Current Employer:

現任僱主地址:

Telephone No. of Current

Employer:

現任僱主電話號碼:

Delete whichever is inapplicable

刪去不適用者

PART C QUALIFICATION AND EXPERIENCE**丙部 學歷和經驗**

Please attach supplementary sheet(s) if more space is required.

如果需要更多填寫空間，請附上補充附頁。

Academic Qualification & Relevant Training *

學歷及相關的培訓 *

Academic Qualification & Training 學歷及培訓	Awarding Authority 頒授機構	Date Awarded 頒授日期

Professional Qualification (if applicable) *

專業資格（如果適用）*

Professional Qualification 專業資格	Registration Board or Body 註冊局或團體	Registration Number 註冊編號	Date of Registration 註冊日期

Working Experience ***工作經驗 ***

Name of Employer 僱主名稱	Position Held 受僱職位	Period 期間		Job Descriptions 職位描述
		From (Month/Year) 由(月 / 年)	To (Month/Year) 至(月 / 年)	

In Hong Kong or elsewhere, have you ever contravened a condition of registration or been convicted of any offence specified in Regulation 30F (2)(c) of the Pharmacy and Poisons Regulations Cap. 138A or found guilty of misconduct in a professional respect?

在香港或其他地方，你曾否違反註冊的條件、被裁定犯藥劑業及毒藥規例第138A章第30F(2)(c)條所訂明的任何一項罪行或被裁定專業失當？

Answer: Yes/No#.

If Yes, please give details on a separate paper.

答：是/否#。如果是，請在另一張紙詳細列明

* Supporting documents should be submitted together with the application.
證明文件必須連同申請表一併提交

PART D DECLARATION OF APPLICANT**丁部 申請人聲明**

I wish to apply for registration as Authorized Person under the Pharmacy and Poisons Ordinance. I hereby declare that the information given in this application is true and correct. I hereby authorize the Pharmacy and Poisons (Manufacturers Licensing) Committee to verify the foregoing information in any manner as it deems fit and obtain relevant information from relevant organisations or persons.

本人欲根據《藥劑業及毒藥條例》申請註冊為獲授權人。本人現聲明此申請書內所填報的資料，均全屬確實無誤。本人授權藥劑業及毒藥(製造商牌照)委員會按其認為合適的方式，核實此申請所提供的資料及向有關組織或人士索取有關資料。

Signature:

簽署:

Full name of Signatory:

簽署人全名:

Date:

日期:
