Pharmacy and Poisons Board of Hong Kong
Pharmacy and Poisons Ordinance (Cap. 138)

Guidelines for Application for Change of Particulars of Wholesale Dealer Licence (Cap. 138 Pharmacy and Poisons Ordinance)/ Antibiotics Permit (Cap. 137 Antibiotics Ordinance)/ Wholesale Dealer's Licence to Supply Dangerous Drugs (Cap. 134 Dangerous Drugs Ordinance)

Should any Wholesale Dealer Licence/ Antibiotic Permit/ Wholesale Dealer's Permit holder wish to apply change of any particular(s); they shall submit application by writing to the Pharmacy and Poisons (Wholesale Licences) Committee (hereafter as 'the Committee') and/or Drug Office Licensing and Compliance Division Wholesalers Regulatory Unit (hereafter as 'Wholesalers Regulatory Unit') well in advance. The applied change of particulars shall be valid upon the Wholesale Dealer Licence holder obtained approval from 'the Committee' and/or 'Wholesalers Regulatory Unit'.

The licence holder must maintain the business of wholesale and storage of Poisons/Pharmaceutical Products according to the approved terms and condition under the respective licence(s) or 'permit' until further applied changes approved by the 'the Committee' and/or 'Wholesalers Regulatory Unit'. Under "Cap. 138 Pharmacy and Poisons Ordinance", 'the Committee' may revoke a Wholesale Dealer Licence or suspend it for a period it thinks fit, issue a warning letter, or vary a condition of the licence, if, in the Committee's opinion, the licensed wholesale dealer has contravened a condition of the licence or any of the regulations provided by the "Pharmacy and Poisons Ordinance" or "Antibiotic Ordinance" or "Dangerous Drugs Ordinance" Regulations, a "Code of Practice for Holder of Wholesale Dealer Licence", and/or has been convicted of a drug-related offence.

I. Application requirements

1. The applicant must be the licence holder (the holder's proprietor/ partner(s)/ director(s), person in charge of poisons and pharmaceutical products (hereafter as 'PIC of PP/Poisons') or deputy person in charge of poisons and pharmaceutical products (hereafter as 'DPIC of PP/Poisons'). If it is necessary to appoint an authorized person to handle the application, please attach an authorization letter signed by the license holder (refer to Appendix 12);and
2. The new applied change of particulars shall comply with the licensing requirements.
3. General requirements for personnel:
   - The licence holder shall notify 'the Committee' in writing of any change in its proprietor, partner(s) or director(s) within one month from the date of change.
   - The licence holder shall obtain approval from 'the Committee' and/or 'Wholesalers Regulatory Unit' prior to any change of 'PIC of PP/Poisons', 'DPIC of PP/Poisons person and/or 'PIC of Dangerous Drugs' and 'the Committee' and/or 'Wholesalers Regulatory Unit' shall not approve the change unless it considers the person nominated fit and proper.
   - Applicant must nominate a person-in-charge of poisons and pharmaceutical products ("PIC"), whom will be subjected to approval by the Pharmacy and Poisons (Wholesale Licences) Committee ("the Committee"). The nominated person must be a fit and proper person and also possess adequate knowledge to carry on trade related to the pharmaceutical industry. The nomination of a nominated person who is already a PIC for another holder of Wholesale Dealer Licence would normally not be considered.
4. General requirements for premises:
   - Only companies occupying commercial premises or industrial buildings would be considered;
   - Companies occupying ground floor or retail premises would normally not be considered;
   - Companies operating in secretarial or accountancy service holding companies would not be considered;
   - Companies sharing premises with another holder of Wholesale Dealer Licence would require a written explanation[1]; and
   - If there is no storage facility within the business premises, the company must maintain adequate lockable storage facilities at another premises, and provide a written explanation[1] on why storage facility cannot be provided within the business address of the premises.
5. There must be adequate lockable storage facilities with appropriate temperature and humidity for keeping antibiotics/ poisons/ dangerous drugs/ pharmaceutical products within the premises. If there is no storage facility within the premises, the company must maintain adequate lockable storage facilities at another premises, and provide a written explanation[1] on why storage facility cannot be provided within the business address of the premises, provide details of the store, routine maintenance and monitoring. Application with storage facilities outside the premises are subjected to consideration and approval by 'the Committee' on a case by case basis. If the application involved handling of Part I Dangerous Drugs, lockable receptacle designated for storage of Part I Dangerous Drugs must be made available. Detailed requirements on the storage facilities are set out in the "Code of Practice for Holder of Wholesale Dealer Licence".

[1] The written explanation must be supported by relevant and sufficient reasons to the satisfaction of the Pharmacy and Poisons (Wholesale Licence) Committee. Each case will be considered on a case-by-case basis and at the discretion of the Committee.

II. Application procedures

How to obtain application forms

1. Application Form for Change of Particulars for Wholesale Dealer Licence/ Antibiotics Permit/ Wholesale Dealer's Licence to Supply Dangerous Drugs (hereafter as 'COP Application Form') can be obtained free of charge from:

Licensing and Compliance Division, Drug Office, Department of Health, Room 2001-2002, 20/F., Dah Sing Financial Centre 248 Queen's Road East, Wan Chai, Hong Kong	Monday to Friday 9:00 a.m. to 1:00 p.m. 2:00 p.m. to 5:45 p.m. (up to 6:00 p.m. on Monday) *(Closed on Saturdays, Sundays & Public Holidays)*

2. 'COP Application Form' can also be download from the Drug Office official website: (https://www.drugoffice.gov.hk/eps/do/en/pharmaceutical_trade/guidelines_forms/useful_guidelines_forms.html)

Submission of documents or information

Applicants are required to submit the following information:

1. A fully completed 'COP Application form'; and
2. Supporting documents in relation to the change of particulars. It is unnecessary to submit repeated supporting document(s) for different particular(s) of change; and
3. If the application only involves license cancellation, certified copy and/or license refund, the applicant only needs to complete the relevant appendix.
4. Applicant(s) may be required to submit original(s) with his/her signature and company chop for their supporting document(s).

How to submit application

Applicants may submit the application forms, the relevant information and documents via the following ways:

(i) Mail to Licensing and Compliance Division, Drug Office, Department of Health by post or registered mail (the date shown on the post stamp will be taken as the submission date); or

(ii) Lodge to the Licensing and Compliance Division, Drug Office, Department of Health in person during office hours.

III. Application results

If the change application involved revise the terms and conditions on licence(s) and/or permit(s), the applicant will receive a demand note for payment of update of license. Upon the receipt of the prescribed fee, the applicant will be informed to present the original licence in person or by a representative on his/her behalf, to the 'Wholesalers Regulatory Unit' to complete necessary procedures; If the change application do not involved revise the terms and conditions on licence(s) and/or permit(s), the applicant will receive a written notification by 'Wholesalers Regulatory Unit' on behalf of 'the Committee' if the application is approved. If the application is rejected or required further revise that the applicant will still be notified by email or via phone call.

IV. Prescribed fee and methods of payment

The fee for change of particulars application per licence is HK$155. The Licensing and Compliance Division, Drug Office of the Department of Health will issue a General Demand Note to the applicant. The applicant could make payment according to the payment methods stated in the General Demand Note.

V. Enquiries

Further enquiries regarding the change of particulars as specified in the licence(s) and/or permit(s) or on the content of these guidelines can be made by calling the enquiry hotline, email or post to the 'Wholesalers Regulatory Unit':

Enquiry Hotline: 3107 2194
Enquiry Email: enquirywru@dh.gov.hk
Address: Room 2001-2002, 20/F., Dah Sing Financial Centre 248 Queen's Road East, Wan Chai, Hong Kong

VI. Notes

Under the Prevention of Bribery Ordinance (Cap. 201), any person who, without lawful authority or reasonable excuse, (a) whether in Hong Kong or elsewhere, offers any advantage to a public servant as an inducement to or reward for that public servant's performing or abstaining from performing exercise of his duties, or (b) offers any advantage to a public servant while having dealings of any kind with the government department or public body in which he is employed, commits an offence.

Checklist for Change of Particulars of Wholesale Dealer Licence (Cap. 138 Pharmacy and Poisons Ordinance)/ Antibiotics Permit (Cap. 137 Antibiotics Ordinance)/ Wholesale Dealer's Licence to Supply Dangerous Drugs (Cap. 134 Dangerous Drugs Ordinance)

Content of Change of Particulars Checklist:

No.	Change of Particulars Details	Submission of Supporting Documents (Refer to Page 6-23)
Company Information		
A	(i) Change of Company Name (Incorporated Company Only)	'COP Form' + 'COP Checklist Details' (1.a), (2.a), (2.b)
	(ii) Change of Company Name (Partnership Company Only)	'COP Form' + 'COP Checklist Details' (1.a), (2.c)
	(iii) Change of Company Name (Sole Proprietorship Company Only)	'COP Form' + 'COP Checklist Details' (1.a), (2.e)
Personnel		
B	(i) Change or Addition of Director(s)	'COP Form' + 'COP Checklist Details' (3), (4), (5), (6), (9), (10)
	(ii) Deletion of Director(s)	'COP Form' + 'COP Checklist Details' (3), (4), (5)
C	(i) Change of Partner(s)	'COP Form' + 'COP Checklist Details' (2.c), (5), (6), (9), (10)
	(ii) Deletion of Partner(s)	'COP Form' + 'COP Checklist Details' (2.c), (5)
D	Change of Sole Proprietor	'COP Form' + 'COP Checklist Details' (2.e), (5), (6), (9), (10)
E	Change of PIC of PP/Poisons	'COP Form' + 'COP Checklist Details' (6), (9), (10)
F	(i) Change or Addition of DPIC of PP/Poisons	'COP Form' + 'COP Checklist Details' (6), (9), (10)
	(ii) Deletion of DPIC of PP/Poisons	'COP Form'
G	(i) Change or Addition of PIC of Dangerous Drugs Pt. I	'COP Form' + 'COP Checklist Details' (7), (11)
	(ii) Deletion of Addition PIC of Dangerous Drugs Pt. I #	'COP Form'
H	(i) Change or Addition of PIC of Dangerous Drugs Pt. II	'COP Form' + 'COP Checklist Details' (6), (9), (10)
	(ii) Deletion of Addition PIC of Dangerous Drugs Pt. II #	'COP Form'
I	Addition of Locum Pharmacist to handle "Dangerous Drugs Pt. I"	'COP Form' + 'COP Checklist Details' (8), (11)
Address / Storage ※		
J	(i) Change of Premises Address[6] (Room Temperature Storage)	'COP Form' + 'COP Checklist Details' (1.a), (13.a), (14.b), (15.b), (16)^, (17)^, (18)^, (19)^
	(ii) Change of Premises Address[6] (Room Temperature + Cold Chain Storage)	'COP Form' + 'COP Checklist Details' (1.a), (13.a), (14.b), (15.b), (16)^, (17)^, (18)^, (19)^, (20)^
K	Updates of Layout **within Approved** Premises Address[6]/Additional Warehouse[7] **with Storage Area unchanged**	Storage at Premises Address[6]: 'COP Form' + 'COP Checklist Details' (14.a), (14.b) Storage at Additional Warehouse[7]: 'COP Form' + 'COP Checklist Details' (14.c), (14.d)
L **M** **O**	(i) **Within Approved** Premises Address[6]/ Additional Warehouse[7]: - Change or Addition of Store Room/Facilities or; - Change of Storage Room/Facilities Location, Layout, Shape or Size (Room Temperature Storage)	Storage at Premises Address[6]: 'COP Form' + 'COP Checklist Details' (14.a), (14.b), (15.a), (15.b), (16)^, (17)^, (18)^, (19)^ Storage at Additional Warehouse[7]: 'COP Form' + 'COP Checklist Details' (14.c), (14.d), (15.a), (15.b), (16)^, (17)^, (18)^, (19)^
	(ii) **Within Approved** Premises Address[6]/ Additional Warehouse[7]:- Change or Addition of Store Room/Facilities or; - Change of Storage Room/Facilities Location, Layout, Shape or Size (Room Temperature Storage + Cold Chain Storage)	Storage at Premises Address[6]: 'COP Form' + 'COP Checklist Details' (14.a), (14.b), (15.a), (15.b), (16)^, (17)^, (18)^, (19)^, (20)^ Storage at Additional Warehouse[7]: 'COP Form' + 'COP Checklist Details' (14.c), (14.d), (15.a), (15.b), (16)^, (17)^, (18)^, (19)^, (20)^

#*(Should maintain at least 1 DD PIC)*

※*(Should maintain at least 1 storage facility)*

^*(Not applicable for Wholesale Dealer Licence with 'NM'[1], 'MD'[2] or 'NT'[3] condition)*

1. NM: This licence only authorizes the holder to deal in non-medicinal poisons.
2. MD: This licence only authorizes the holder to deal in medical devices containing poisons.
3. NT: The licence holder has to notify the Pharmacy and Poisons (Wholesale Licences) Committee ("the Committee") and to provide storage facilities for pharmaceutical products in accordance with Section 2 of the Code of Practice before it may handle pharmaceutical products.
6. Premises Address: The address stated in the **same business registration certificate number** as registered when applying for the license.
7. Additional Warehouse: **Any address other than** that stated on the **same business registration certificate number as registered** when applying for the license.

Content of Change of Particulars Checklist (Cont'):

No.	Change of Particulars Details		Submission of Supporting Documents (Refer to Page 6-23)
Address / Storage (Cont') ※			
N	(i) **Within Approved** Store Room / Facilities: - Change of Layout with not affect the Storage Condition		Storage at Premises Address[6]: 'COP Form' + 'COP Checklist Details' (14.a), (14.b), (15.a), (15.b) Storage at Additional Warehouse[7]: 'COP Form' + 'COP Checklist Details' (14.c), (14.d), (15.a), (15.b)
	(ii) **Within Approved** Store Room / Facilities: - Deletion of **Additional** Store Room / Facilities		Storage at Premises Address[6]: 'COP Form' + 'COP Checklist Details' (14.b), (15.b) Storage at Additional Warehouse[7]: 'COP Form' + 'COP Checklist Details' (14.d), (15.b)
P **Q**	(i) **Within Approved** Premises Address[6]/ Additional Warehouse[7]: - Change or Addition of Pharmaceutical Refrigerator / Cold Room / Freezer		Storage at Premises Address[6]: 'COP Form' + 'COP Checklist Details' (14.b), (15.b), (19)^, (20)^ Storage at Additional Warehouse[7]: 'COP Form' + 'COP Checklist Details' (14.d), (15.b), (19)^, (20)^
	(ii) **Within Approved** Premises Address[6]/ Additional Warehouse[7]: - Deletion of Pharmaceutical Refrigerator / Cold Room / Freezer		Storage at Premises Address[6]: 'COP Form' + 'COP Checklist Details' (14.b), (15.b) Storage at Additional Warehouse[7]: 'COP Form' + 'COP Checklist Details' (14.d), (15.b)
Others			
R	Change or Addition of Transaction Record Format		'COP Form' + 'COP Checklist Details' (21)
S	With NC[4] and NM[1] or MD[2] Condition	(i) Remove NM[1] or MD[2] Condition) (To Allow Pharmaceutical Products/Poisons Trade in Room Temperature Storage condition)	Storage at Premises Address[6]: 'COP Form' + 'COP Checklist Details' (12.a), (14.b), (15.b), (16), (17), (18), (19) Storage at Additional Warehouse[7]: 'COP Form' + 'COP Checklist Details' (12.a), (14.d), (15.b), (16), (17), (18), (19), (25), (26)
		(ii) Remove NM[1] and NC[4] or MD[2] and NC[4] Condition) (To Allow Pharmaceutical Products/Poisons Trade in Room Temperature Storage + Cold Chain Storage)Room Temperature Storage + Cold Chain Storage condition)	Storage at Premises Address[6]: 'COP Form' + 'COP Checklist Details' (12.a), (14.b), (15.b), (16), (17), (18), (19), (20) Storage at Additional Warehouse[7]: 'COP Form' + 'COP Checklist Details' (12.a), (14.d), (15.b), (16), (17), (18), (19), (20), (25), (26)
	With IE[5] Condition	(iii) Remove IE[5] Condition) (To Allow Pharmaceutical Products/Poisons Trade not bound to Import for Re-export only)	Storage at Premises Address[6]: 'COP Form' + 'COP Checklist Details' (12.b) Storage at Additional Warehouse[7]: 'COP Form' + 'COP Checklist Details' (12.b)
	With NT[3] and NC[4] Condition	(iv) Remove NT[3] Condition) (To Allow Pharmaceutical Products/Poisons Trade in Room Temperature Storage)	Storage at Premises Address[6]: 'COP Form' + 'COP Checklist Details' (12.a), (14.b), (15.b), (16), (17), (18), (19) Storage at Additional Warehouse[7]: 'COP Form' + 'COP Checklist Details' (12.a), (14.d), (15.b), (16), (17), (18), (19), (25), (26)
		(v) Remove NT[3] and NC[4] Condition) (To Allow Pharmaceutical Products/Poisons Trade in Cold Chain Storage condition)	Storage at Premises Address[6]: 'COP Form' + 'COP Checklist Details' (12.a), (14.b), (15.b), (16), (17), (18), (19), (20) Storage at Additional Warehouse[7]: 'COP Form' + 'COP Checklist Details' (12.a), (14.d), (15.b), (16), (17), (18), (19), (20), (25), (26)
	With NC[4] Condition	(vi) Change of Licence Condition (Remove NC[4]) (To Allow Pharmaceutical Products/Poisons Trade in Cold Chain Storage condition)	Storage at Premises Address[6]: 'COP Form' + 'COP Checklist Details' (12.a), (14.b), (15.b), (16), (17), (18), (19), (20) Storage at Additional Warehouse[7]: 'COP Form' + 'COP Checklist Details' (12.a), (14.d), (15.b), (16), (17), (18), (19), (20), (25), (26)

※*(Should maintain at least 1 storage facility)*

^*(Not applicable for Wholesale Dealer Licence with 'NM'[1], 'MD'[2] or 'NT'[3] condition)*

[1] NM: This licence only authorizes the holder to deal in non-medicinal poisons.

[2] MD: This licence only authorizes the holder to deal in medical devices containing poisons.

[3] NT: The licence holder has to notify the Pharmacy and Poisons (Wholesale Licences) Committee ("the Committee") and to provide storage facilities for pharmaceutical products in accordance with Section 2 of the Code of Practice before it may handle pharmaceutical products.

[4] NC: The licence holder must not handle pharmaceutical products that require cold chain management.

[5] IE: This licence only authorizes the holder to carry on the business of importing poisons/pharmaceutical products for re-export purpose.

[6] Premises Address: The address stated in the **same business registration certificate number** as registered when applying for the license.

[7] Additional Warehouse: **Any address other than** that stated on the **same business registration certificate number as registered** when applying for the license.

Content of Change of Particulars Checklist (Cont'):

No.	Change of Particulars Details	Submission of Supporting Documents (Refer to Page 6-23)
Others (Cont')		
T	Cancellation of Licence	'COP Checklist Details' (23)
U	(i) Change/Addition of **Additional Warehouse**[7] **outside Premises Address**[6] (Room Temperature Storage)※	'COP Form' + 'COP Checklist Details' (1.b), (13.b), (14.d), (15.b), (16)^, (17)^, (18)^, (19)^, (25), (26)
	(ii) Change/Addition of **Additional Warehouse**[7] **outside Premises Address**[6] (Room Temperature + Cold Chain Storage)※	'COP Form' + 'COP Checklist Details' (1.b), (13.b), (14.d), (15.b), (16)^, (17)^, (18)^, (19)^, (20)^, (25), (26)
	(iii) Change of **Premises Address**[6] with storage facility at **approved Additional Warehouse**[7] **only**※	'COP Form' + 'COP Checklist Details' (1.a), (13.a), (14.b)
	(iv) Change of **Premises Address**[6] with storage facility at **unapproved Additional Warehouse**[7] **only**※	'COP Form' + 'COP Checklist Details' (1.a), (1.b), (13.a), (13.b), (14.b), (14.d), (15.b), (16)^, (17)^, (18)^, (19)^, (25), (26), ((20)^ should be provided if cold chain storage involved)
	(v) Apply for Certified True Copy	'COP Checklist Details' (24)
	(vi) Apply for Overpayment Claim	'COP Checklist Details' (27)
	(vii) Other changes not applicable to Item A-U(i-vi)	Please contact Drug Office 'Wholesale Regulatory Unit'

※*(Should maintain at least 1 storage facility)*

^*(Not applicable for Wholesale Dealer Licence with 'NM'[1], 'MD'[2] or 'NT'[3] condition)*

[1.] NM: This licence only authorizes the holder to deal in non-medicinal poisons.

[2.] MD: This licence only authorizes the holder to deal in medical devices containing poisons.

[3.] NT: The licence holder has to notify the Pharmacy and Poisons (Wholesale Licences) Committee ("the Committee") and to provide storage facilities for pharmaceutical products in accordance with Section 2 of the Code of Practice before it may handle pharmaceutical products.

[6.] Premises Address: The address stated in the **same business registration certificate number** as registered when applying for the license.

[7.] Additional Warehouse: **Any address other than** that stated on the **same business registration certificate number as registered** when applying for the license.

Application Form for Change of Particulars of Wholesale Dealer Licence (Cap. 138 Pharmacy and Poisons Ordinance)/ Antibiotics Permit (Cap. 137 Antibiotics Ordinance)/ Wholesale Dealer's Licence to Supply Dangerous Drugs (Cap. 134 Dangerous Drugs Ordinance)

(*) represent must fill items

* **Name of Business:** _____

* **Application for Change for Licence (Licence number format: 1/2A/1234):**

☐ Wholesale Dealer Licence (WDL); Licence no: _____/2A/_____

☐ Antibiotics Permit (AP); Licence no: _____/1A/_____

☐ Wholesale Dealer's Licence to Supply Dangerous Drugs (Part I); Licence no: _____/6A/_____

☐ Wholesale Dealer's Licence to Supply Dangerous Drugs (Part II); Licence no: _____/5A/_____

Change of Particulars Details*:

* Change of Particulars Details (Refer to Page 3-5)		Change	Add	Delete	Details of Change (Provide details in written with signed and company stamped if needed)	Expected Effective Date
Company Information						
A	Company's Name	☐			Name:	
Personnel #*(Should maintain at least 1 DD PIC)*						
B	Director (s)	☐	☐	☐	Name: (e.g. CHAN Tai Man change to LAM Yat Yut/ Add LAM Yat Yut/Delete CHAN Tai Man)	
C	Partner (s)	☐	☐	☐	Name: (e.g. CHAN Tai Man change to LAM Yat Yut/ Add LAM Yat Yut/Delete CHAN Tai Man)	
D	Sole Proprietor	☐			Name: (e.g. CHAN Tai Man change to LAM Yat Yut)	
E	Person-in-Charge of Poisons and Pharmaceutical Products	☐			Name: (e.g. CHAN Tai Man change to LAM Yat Yut) Reason of change: ☐Resign ☐Retire ☐Position Change ☐Others:	
F	Deputy Person-in-Charge of of Poisons and Pharmaceutical Products	☐	☐	☐	Name: (e.g. CHAN Tai Man change to LAM Yat Yut/ Add LAM Yat Yut/Delete CHAN Tai Man) Reason of change: ☐Resign ☐Retire ☐Position Change ☐Others:	
G	Person-in-Charge of Dangerous Drugs Pt. I #	☐	☐	☐	Name: (e.g. CHAN Tai Man change to LAM Yat Yut/ Add LAM Yat Yut/Delete CHAN Tai Man) Reason of change: ☐Resign ☐Retire ☐Position Change ☐Others:	
H	Person-in-Charge of Dangerous Drugs Pt.II #	☐	☐	☐	Name: (e.g. CHAN Tai Man change to LAM Yat Yut/ Add LAM Yat Yut/Delete CHAN Tai Man) Reason of change: ☐Resign ☐Retire ☐Position Change ☐Others:	
I	Locum Pharmacist of Dangerous Drugs		☐		Period Covered From: To:	

Change of Particulars Details (Cont')*:

* Change of Particulars Details (Refer to Page 3-5)		Change	Add	Delete	Details of Change (Provide details in written with signed and company stamped if needed)	Expected Effective Date
Address / Storage※ *(Should maintain at least 1 storage facility)*						
J	Premises Address[6] (with storage facility)	☐			Address:	
K	Premises Layout (storage area unchanged)	☐				
L	Store Room Location	☐	☐	☐	Locate at: (e.g. Change of Store Room)	
M	Layout of approved Store Room with structural change (e.g. shape, size)	☐			Locate at: (e.g. Extend or Minimize the Store Room Area)	
N	Layout of approved Store Room/ Facility without structural and Storage Condition Change	☐			Locate at: (e.g. Change of storing "Quarantined", "Released", "Returned", "Recalled", "Rejected" Area)	
O	Storage Facility (Room Temperature)	☐	☐	☐	Locate at:	
P	Pharmaceutical Grade Refrigerator	☐	☐	☐	Locate at:	
Q	Cold Room / Pharmaceutical Grade Freezer	☐	☐	☐	Locate at:	
Others						
R	Transaction Record Format	☐	☐			
S	Licensing Condition	☐			Licence Condition: ☐NM[1] ☐MD[2] ☐NT[3] ☐NC[4] ☐IE[5]	
U	Others (if item A – T is not applicable)	☐	☐	☐	(e.g. Change/Addition of Additional Warehouse[6] outside the Premises Address[6]; Move of storage facilities from Premises Address[6] to Additional Warehouse[6], etc.)	

[1] NM: This licence only authorizes the holder to deal in non-medicinal poisons.
[2] MD: This licence only authorizes the holder to deal in medical devices containing poisons.
[3] NT: The licence holder has to notify the Pharmacy and Poisons (Wholesale Licences) Committee ("the Committee") and to provide storage facilities for pharmaceutical products in accordance with Section 2 of the Code of Practice before it may handle pharmaceutical products.
[4] NC: The licence holder must not handle pharmaceutical products that require cold chain management.
[5] IE: This licence only authorizes the holder to carry on the business of importing poisons/pharmaceutical products for re-export purpose.
[6] Premises Address: The address stated in the **same business registration certificate number** as registered when applying for the license.
[7] Additional Warehouse: **Any address other than** that stated on the **same business registration certificate number as registered** when applying for the license.

*** Applicant information for COP application:**

Signature: _____ **Company Chop:** _____
Name: _____ **Application Date:** _____
Position: ☐ **Company Director/Partner/Sole Proprietor** ☐ **PIC of PP/Poisons** ☐ **DPIC of PP/Poisons**

*** If Authorized Person' required for application (if applicable, please sign the Appendix 12):**
Name: _____ **Position:** _____
Telephone Number: _____ **Email address:** _____

Checklist Details for Change of Particulars of Wholesale Dealer Licence (Cap. 138 Pharmacy and Poisons Ordinance)/ Antibiotics Permit (Cap. 137 Antibiotics Ordinance)/ Wholesale Dealer's Licence to Supply Dangerous Drugs (Cap. 134 Dangerous Drugs Ordinance)

Details of Change of Particulars Checklist:

(1.a)	Copy of **Licensee's Updated Business Registration Certificate of the Premises Address**[6] (within valid date & **the Business Registration Certificate Number must be consistent with the approved premises address where the license is applied for**)
(1.b)	Copy of **Licensee's Branch Business Registration Certificate** or **Tenancy Agreement** or **Logistics Services Agreement of the Additional Warehouse**[7] (within valid date)
(2.a)	Copy of **Form NNC2** (Notice of Change of Company Name with payment notice from Business Registration Office and its **payment receipt**)
(2.b)	Copy of **Certification of Incorporation on the Change of Name**
(2.c)	Copy of **Form 1(c)** from Business Registration Office and its **payment receipt**
(2.e)	Copy of **Form 1(a)** from Business Registration Office and its **payment receipt**
(3)	Copy of **Form NAR1** of Companies Registry and its **payment receipt** (within valid date)
(4)	Copy of **Form ND2A** of Companies Registry with **confirm receive date**
(5)	**Lists of Director(s)** ***(Appendix 5)*** (for **All Existing** Director(s)/Partner(s)/Sole Proprietor information)
(6)	**Declaration** ***(Appendix 2a)*** (for **New Employed** Personnel only)
(7)	**Declaration (Dangerous Drugs (Part I) WDL)** ***(Appendix 6)*** (for **New Employed** Personnel only)
(8)	**Declaration (Locum Pharmacist)** ***(Appendix 7)*** (for **New Employed** Personnel only)
(9)	**Statement of Relevant Work Experiences** ***(Appendix 2b)*** (for **New Employed** Personnel who have related work experiences **to other than Existing Application Company trader(s) of western medicines in Hong Kong**)
(10)	Copy of **Certifications of the above relevant working experience**, e.g. testimonials from previous employer(s) **(If having**, for **New Employed** Personnel who have related work experiences **to other than Existing Application Company trader(s) of western medicines in Hong Kong**)
(11)	Copy of **Annual Practicing Certificate** and **Valid Certificate of Registration** (within valid date, for **New Appointed** PIC of DD(Pt. I) or Locum Pharmacist only)
(12.a)	**Trading documents** (At least 1 set of: Import + Export OR Import + Local Distribution OR Local Distribution + Export OR Local Distribution Document) with **Product Information**: *Import:* - Quotation from Foreign Seller to Applicant *Export:* - Quotation from Foreign Purchaser to Applicant - Relevant Document proving the Purchaser in Oversea Country is legally authorized to handle the pharmaceutical products *Local Distribution Document (For the applicant who is a product certificate holder of pharmaceutical product):* - Submit copy of Certificate of Drug/ Product Registration *Local Distribution Document (For the applicant who is NOT a product certificate holder of pharmaceutical product):* - Submit copies of agency agreement document(s) from the product certificate holder - Certificate of Drug/ Product Registration *Product Information:* (e.g. photo(s) of product unit carton, menu(s) or package insert) - Showing ingredient(s) of the products - Suggested dosage - Storage condition *(For Licence under NC[4] licensing condition should not handle product with cold chain storage condition under 8^{O}C)*
(12.b)	**Trading documents** (At least 1 set of: Local Distribution Document) with **Product Information**: *Local Distribution Document (For the applicant who is a product certificate holder of pharmaceutical product):* - Submit copy of Certificate of Drug/ Product Registration *Local Distribution Document (For the applicant who is NOT a product certificate holder of pharmaceutical product):* - Submit copies of agency agreement document(s) from the product certificate holder - Certificate of Drug/ Product Registration *Product Information:* (e.g. photo(s) of product unit carton, menu(s) or package insert) - Showing ingredient(s) of the products - Suggested dosage - Storage condition *(For Licence under NC[4] licensing condition should not handle product with cold chain storage condition under 8^{O}C)*

[4.] NC: The licence holder must not handle pharmaceutical products that require cold chain management.
[6.] Premises Address: The address stated in the **same business registration certificate number** as registered when applying for the license.
[7.] Additional Warehouse: **Any address other than** that stated on the **same business registration certificate number as registered** when applying for the license.

Details of Change of Particulars Checklist (Cont'):

(13.a)	**Floor plan of the entire floor** where the **Premises Address[6]** are located including: - Name and address of applicant's company; - Room number of all units on the same floor (if any) and location of the applicant's company; and - Applicant's signature, date and company chop
(13.b)	**Floor plan of the entire floor** where the **Additional Warehouse[7] outside the Premises Address[6]** are located including: - Name and address of applicant's company; - Room number of all units on the same floor (if any) and location of the applicant's company; and - Applicant's signature, date and company chop
(14.a)	**Existing Version Layouts of the Premises Address[6]** including: - Name and address of applicant's company; - Location(s) of all compartments and storage facilities inside the premises (if any) and purpose of each location/room; - Dimensions of all compartments and total area of the premises; and - Applicant's signature, date and company chop
(14.b)	**Proposed Version Layouts of the Premises Address[6]** including: - Name and address of applicant's company; - Location(s) of all compartments and storage facilities inside the premises (if any) and purpose of each location/room; - Dimensions of all compartments and total area of the premises; and - Applicant's signature, date and company chop
(14.c)	**Existing Version Layouts of Additional Warehouse[7] outside the Premises Address[6]** including: - Name and address of applicant's company; - Location(s) of all compartments and storage facilities inside the warehouse and purpose of each location/room; - Dimensions of all compartments and total area of the premises; and - Applicant's signature, date and company chop
(14.d)	**Proposed Version Layouts of Additional Warehouse[7] outside the Premises Address[6]** including: - Name and address of applicant's company; - Location(s) of all compartments and storage facilities inside the warehouse and purpose of each location/room; - Dimensions of all compartments and total area of the premises; and - Applicant's signature, date and company chop
(15.a)	**Existing Version Layouts of the storage facilities** including: - Name of applicant's company and address of the storage facility; - Dimensions and/or areas of storage facilities; - Areas for storing "Quarantined", "Released", "Rejected" , "Returned" and "Recalled" products^; - Location(s) of air-conditioning outlet(s) and/or air-conditioner(s)^; - Location(s) of pest control device(s)^; - Location(s) of temperature and humidity uniformity assessment^; - Location(s) of shielded window (if any); and - Applicant's signature, date and company chop
(15.b)	**Proposed Version Layouts of the storage facilities** including: - Name of applicant's company and address of the storage facility; - Dimensions and/or areas of storage facilities; - Areas for storing "Quarantined", "Released", "Rejected" , "Returned" and "Recalled" products^; - Location(s) of air-conditioning outlet(s) and/or air-conditioner(s)^; - Location(s) of pest control device(s)^; - Location(s) of temperature and humidity uniformity assessment^; - Location(s) of shielded window (if any); and - Applicant's signature, date and company chop

^*(Not applicable for Wholesale Dealer Licence with 'NM'[1], 'MD'[2] or 'NT'[3] condition)*

[1.] NM: This licence only authorizes the holder to deal in non-medicinal poisons.

[2.] MD: This licence only authorizes the holder to deal in medical devices containing poisons.

[3.] NT: The licence holder has to notify the Pharmacy and Poisons (Wholesale Licences) Committee ("the Committee") and to provide storage facilities for pharmaceutical products in accordance with Section 2 of the Code of Practice before it may handle pharmaceutical products.

[4.] NC: The licence holder must not handle pharmaceutical products that require cold chain management.

[6.] Premises Address: The address stated in the **same business registration certificate number** as registered when applying for the license.

[7.] Additional Warehouse: **Any address other than** that stated on the **same business registration certificate number as registered** when applying for the license.

Details of Change of Particulars Checklist (Cont'):

(16)	**Calibration certificate** of the hygrothermometer(s) installed in the proposed storage area (valid date should be covered the Temperature and Humidity Mapping & Daily Record Reports): - Calibration certificate must be issued by the manufacturer or laboratory accredited by HOKLAS or CNAS or Mutual Recognition Arrangement Partners for HOKLAS
(17)	**Temperature and humidity uniformity assessment** with a **conclusion** in the proposed storage area: - Report of the 3- consecutive day (3 time-sections including 'morning', 'afternoon' and 'noon' per each mapping location) recommended for at least 4 corners of the storage areas - Conclude and specify the reason of choosing designated location(s) that will place the temperature and humidity monitor for daily supervision (The suggested assessment method may differ which depends on the Actual Size and Layout of storage area)
(18)	**Daily temperature and humidity monitoring record** (should be started after the temperature and humidity uniformity assessment at the designated location(s) --chosen for daily monitoring) in the proposed storage area: - *For at least 3- consecutive day with 3 time-sections including 'morning', 'afternoon' and 'noon') at selected position(s) inside the storage areas* (The suggested assessment method may differ which depends on the Actual Size and Layout of storage area)
(19)	**Latest cleaning and pest control procedures** and **associated record** (specify the items and frequencies of relative procedure) in the proposed cold chain storage area
(20)	**CHECKLIST of Application involving set up of pharmaceutical grade cold room, refrigerator(s) or freezer(s)** ***(Appendix 3)^***
(21)	Copy of **Transaction Record Form for Proposed Version**
(23)	**Cancellation of Wholesale Dealer Licence Form** ***(Appendix 8)***
(24)	**Certified True Copy Application Form** ***(Appendix 9)***
(25)	**Storage facilities or additional warehouses for poisons/pharmaceutical products outside the premises** ***(Appendix 4)***
(26)	**Written Explanation with Company Letterhead** including: - Name and address of applicant's company; - Reason for why storage facility cannot be provided within the business address of the premises; - Provide details of the store, routine monitoring and maintenance; - Applicant's signature, date and company chop
(27)	**Over-Payment Claim Application Form** ***(Appendix 10)***

^(Not applicable for Wholesale Dealer Licence with 'NM'[1], 'MD'[2] or 'NT'[3] condition)

Appendix 2a

(For reference purpose)

Declaration

I, ***Mr/ Mrs/ Miss/ Ms** _____ (_____),
Full Name: (in English – *Surname first, then Other Names*) (in Chinese)
***HKID / Passport** No.: _____ hereby declare that I ***have been / have not been** an owner, a director or an employee of **other trader(s)#** of western medicines in **Hong Kong for the past three years** (i.e. importer/exporter, retailer, wholesaler or manufacturer, regardless whether the trader(s) is/are still in business.)
[If so, please list out the relevant information in the following table.]

Details of relevant working experiences at other# **Pharmaceutical Trader(s) in Hong Kong** in the **past three years**:

Full Name of Company (in English)	**Position Held**	**Period (from month/year to month/year)**
	[☐ [1]WDL [2]PIC / deputy PIC (if applicable)]	
	[☐ [1]WDL [2]PIC / deputy PIC (if applicable)]	
	[☐ [1]WDL [2]PIC / deputy PIC (if applicable)]	
	[☐ [1]WDL [2]PIC / deputy PIC (if applicable)]	
	[☐ [1]WDL [2]PIC / deputy PIC (if applicable)]	

[1]WDL: Wholesale Dealer Licence
[2]PIC: Person-in-Charge (or deputy) of Poisons / Pharmaceutical Products

I declare that the information given in this declaration is true, correct and complete. I understand that making false declaration will be liable to criminal prosecution.

Signature : _____
Name : _____
Name of Business : _____
Contact number : _____
E-mail Address : _____
Date : _____

 # Not including the company under this application
[Fill in Details as stated on Hong Kong Identity Card / Passport]
**** Delete as appropriate***

Appendix 2b

(For reference purpose)

Statement of Relevant Working Experiences in Western Medicine Traders

I, ***Mr/ Mrs/ Miss/ Ms** _____ (_____),
Full Name: (in English – *Surname first, then Other Names*) (in Chinese)

***HKID / Passport** No.: _____ hereby declare that I have the following relevant working experiences in Hong Kong western medicine trader(s).

Details of relevant working experiences at **other[#] Pharmaceutical trader(s) in Hong Kong**:

Full Name of Company (in English)	**Position Held**	**Period (from month/year to month/year)**
	[☐ [1]WDL [2]PIC / deputy PIC (if applicable)]	
	[☐ [1]WDL [2]PIC / deputy PIC (if applicable)]	
	[☐ [1]WDL [2]PIC / deputy PIC (if applicable)]	
	[☐ [1]WDL [2]PIC / deputy PIC (if applicable)]	
	[☐ [1]WDL [2]PIC / deputy PIC (if applicable)]	

[1]WDL: Wholesale Dealer Licence
[2]PIC: Person-in-Charge (or deputy) of Poisons / Pharmaceutical Products

I declare that the information given in this Statement of Relevant Working Experiences in Western Medicine Traders is true, correct and complete. I understand that making false declaration will be liable to criminal prosecution.

Signature : _____

Name : _____

Name of Business : _____

Date : _____

 # Not including the company under this application
[Fill in Details as stated on Hong Kong Identity Card / Passport]
**** Delete as appropriate***

Appendix 3

Application involving set up of pharmaceutical grade cold room, refrigerator(s) or freezer(s)

Please submit this checklist along with all the following documents, or otherwise we will be unable to process your application. Please provide a written explanation for each of the documents not submitted.

☐ (1) Overview of cold chain equipment (if multiple pieces of equipment are involved, please list on a separate sheet the details of each piece of equipment):

(a) Type of pharmaceutical grade facility/equipment:

☐ Cold room ☐ Refrigerator ☐ Freezer ☐ Others (please specify: _____)

(b) Brand: _____

(c) Model number: _____

(d) Operating range (°C): _____

(e) Exterior dimensions (mm): (Width × Depth × Height) _____

(f) Interior dimensions (mm): (Width × Depth × Height) _____

(g) Net capacity (liters): _____

(h) Temperature uniformity assessment date and brief conclusion: _____

(i) Open door test date and brief conclusion: _____

(j) Close door / Power failure test date and brief conclusion: _____

(k) Mode of remote alarm and alarm settings: _____

(l) Back-up power test date and brief conclusion: _____

(m) Holding duration of validated cold box: _____

(n) Product name, active ingredient(s) and labelled storage condition of cold chain product to be handled: _____

☐ (2) Layout of the cold room / refrigerator(s) / freezer(s) including the following items:
   (a) Name of applicant's company and the address of storage facility;
   (b) Dimensions and areas of the cold room / refrigerator(s) / freezer(s);
   (c) Areas for storing "Quarantined", "Released", "Rejected", "Returned" and "Recalled" products;
   (d) Location(s) of temperature uniformity assessment ("assessment points");
   (e) Signature of the person in charge (PIC) of cold chain, date and company chop

☐ (3) Valid calibration certificate of each piece of the data logger(s) installed in the cold room / refrigerator(s) / freezer(s):
   (a) Should demonstrate the data logger(s) are calibrated for the operating range required by the pharmaceutical products stored in the cold room / refrigerator(s) / freezer(s);
   (b) Must be issued by the manufacturer or a laboratory accredited by HOKLAS or CNAS or Mutual Recognition Arrangement Partners for HOKLAS

☐ (4) Temperature uniformity assessment report:
   (a) The interval of the data logger(s) should be set at 1 minute or less;
   (b) At least 3 assessment points in every refrigerator and freezer, and 4 assessment points in the cold room (please justify the number of assessment points) with not less than 24 hours consecutive record at each point;
   (c) Procedure, data analysis, conclusion and raw data should be included;
   (d) Specify which designated location(s) will be used for daily monitoring in the conclusion

☐ (5) Temperature monitoring record (with at least 3 consecutive days data):
   (a) Should be started after the temperature uniformity assessment at the designated location(s) chosen for daily monitoring;
   (b) The interval of the data logger(s) should be set at 1 minute or less

☐ (6) Open door test report:
   (a) Procedure, data analysis, conclusion and raw data should be included

☐ (7) Close door / Power failure test report:
   (a) Procedure, data analysis, conclusion and raw data should be included

☐ (8) Temperature alarm test report:
   (a) Remote alarm (e.g. SMS/email alert);
   (b) Door open alarm (if any);
   (c) Specify the alarm settings and procedures for alarm test;
   (d) Provide raw data and screenshots of the remote alarm (High/Low alarm and door open alarm)

☐ (9) Alarm sensor calibration certificate or report (unless the alarm is triggered by a calibrated data logger)

☐ (10) Back-up power test report:
   (a) Procedure, data analysis, conclusion and raw data should be included

☐ (11) Procedures for receipt, storage and delivery of cold chain products

☐ (12) Contingency plan during power failure or temperature excursion

☐ (13) Specification of the cold room / refrigerator(s) / freezer(s)

☐ (14) Back-up power specification

☐ (15) Specification and/or validation report of the cold box to be used for delivery of cold chain product (unless a calibrated data logger is used for temperature monitoring during delivery)

(a) For validation report, procedure, data analysis, conclusion and raw data should be included

☐ (16) Product information showing the active ingredient(s), dosage and storage condition of the cold chain product to be handled, e.g. photo(s) of product unit carton or package insert

☐ **I have read through the contents of this checklist and confirm the information and reports provided are correct, dated and signed by the PIC responsible for cold chain management with company's chop.**

☐ **All sections of this checklist have been completed with necessary documents attached.**

☐ **I confirm the cold chain facility under this application is suitable for storage of cold chain products.**

Signature of cold chain PIC : _____ Company chop : _____

Name of cold chain PIC : _____ Date : _____

Remarks: In addition to the documents as stated in this checklist above, other relevant supporting documents/ information may be required to substantiate the application. Applications with incomplete submission of documents as stated in this checklist and without a written explanation will not be accepted.

Please observe the contents in relation to cold chain management from the "Code of Practice for Holder of Wholesale Dealer, including but not limited to section 2.12, 3.6 and 3.17., including but not limited to section 2.12, 3.6 and 3.17.

Appendix 4

Storage facilities or additional warehouses for poisons/pharmaceutical products outside the premises

(As stated on Business Registration Certificate / Lease Contract / Pharmaceutical Logistics Services Agreement)

		Storage facility / Additional warehouse 1	Storage facility / Additional warehouse 2 (if applicable)
Address of the storage facility or additional warehouse outside the premises (in English)			
Total area of storage facility or additional warehouse outside the premises		m^2	m^2
Branch Business Registration Number of the applicant (not applicable if a lease contract or a pharmaceutical logistics services agreement is submitted)			
Person in charge of the storage facility or additional warehouse outside the premises	Name (in English)		
	Name (in Chinese)		
	HKID number		
	Position		
	Office phone number		
	Mobile number		
	E-mail address		
☐ Lockable storage room (area)		m^2	m^2
☐ Lockable cabinet (dimensions)		m Width Depth Height	m Width Depth Height
☐ Lockable cold room (area)		m^2	m^2
☐ Lockable pharmaceutical grade refrigerator (dimensions)		m Width Depth Height	m Width Depth Height
☐ Lockable pharmaceutical grade freezer (dimensions)		m Width Depth Height	m Width Depth Height

Written explanation is required for the following situation:

i. Company with storage facility located at the same address as another holder of Wholesale Dealer Licence; or

ii. If there is no storage facility within the business premises, the company must explain on why storage facility cannot be provided within the business address of the premises.

☐ I have provided written explanation.

☐ I understand all applications of storage facilities or additional warehouses outside the premises are subjected to consideration and approval by the Pharmacy and Poisons (Wholesale Licences) Committee.

Signature of Person-in-Charge of Business: _____

Name of Person-in-Charge of Business: _____

Position of Person-in-Charge of Business: _____

Name of the business: _____

Date: _____

COMPANY CHOP

Appendix 5

(For reference purpose)

Director List

Name (in English) *(Surname first, then Other Names*)	**Name (in Chinese)**	**HKID/Passport No.**	**Position**

Signature of Applicant/Authorized Person[!] : _____

Name of Applicant/Authorized Person[!] : _____

Position of Applicant/Authorized Person[!] : _____

Name of Business : _____

Company Chop : _____

Date : _____

[All personnel listed in the above table should provide a signed declaration.]
[Fill in Details as stated on Hong Kong Identity Card / Passport]
[!][If application signed by Authorized Person, please submit Appendix 12]

Appendix 6

(For reference purpose)

Declaration (Dangerous Drugs (Part I) WDL)

I, ***Mr/ Mrs/ Miss/ Ms** _____ (_____),
Full Name: (in English – *Surname first, then Other Names*) (in Chinese)

***HKID / Passport** No.: _____ hereby declare that I ***have been / have not been** an owner, a director or an employee of **other trader(s)#** of western medicines in **Hong Kong for the past three years** (i.e. importer/exporter, retailer, wholesaler or manufacturer, regardless whether the trader(s) is/are still in business.)

I declare that the information given in this declaration is true, correct and complete. I understand that making false declaration will be liable to criminal prosecution.

Signature : _____

Name : _____

Name of Business : _____

Contact number : _____

E-mail Address : _____

Date : _____

 # Not including the company under this application
[Fill in Details as stated on Hong Kong Identity Card / Passport]
**** Delete as appropriate***

Appendix 7

(For reference purpose)

Declaration (Locum Pharmacist)

I, ***Mr/ Mrs/ Miss/ Ms** _____ (_____),
Full Name: (in English – *Surname first, then Other Names*) (in Chinese)

***HKID / Passport** No.: _____ hereby declare that I ***have been / have not been** an owner, a director or an employee of **other trader(s)#** of western medicines in **Hong Kong for the past three years** (i.e. importer/exporter, retailer, wholesaler or manufacturer, regardless whether the trader(s) is/are still in business.)

I declare that the information given in this declaration is true, correct and complete. I understand that making false declaration will be liable to criminal prosecution.

Signature : _____

Name : _____

Name of Business : _____

Contact number : _____

E-mail Address : _____

Date : _____

 # Not including the company under this application
[Fill in Details as stated on Hong Kong Identity Card / Passport]
**** Delete as appropriate***

Appendix 8

(For reference purpose)

Cancellation of Wholesale Dealer Licence Form

Name of Business: _____

Application for Cancellation for Licence (Licence number format: 1/2A/1234):

☐ Wholesale Dealer Licence (WDL); Licence no: _____/2A/_____

☐ Antibiotics Permit (AP); Licence no: _____/1A/_____

☐ Wholesale Dealer's Licence to Supply Dangerous Drugs (Part I); Licence no: _____/6A/_____

☐ Wholesale Dealer's Licence to Supply Dangerous Drugs (Part II); Licence no: _____/5A/_____

Date of Withdrawal: _____

I, ***Mr/ Mrs/ Miss/ Ms** _____ (_____),
Full Name: (in English – *Surname first, then Other Names*) (in Chinese)(if any)
***HKID / Passport** No.: _____ , the undersigned **company's director** hereby declare that once the above withdrawal of licence is approved, the company **shall not involve in the dealing of business relating to any licence restricted products** (e.g. pharmaceutical products / poisons / antibiotics permit / dangerous drugs). If the company consider to resume relevant business, a new application of licence is required.

Contact Person (if different to the undersigned person):

Name: _____ Tel: _____

Signature of Director : _____

Name of Director : _____

Name of Business : _____

Contact No. : _____

Email Address : _____

Company Chop : _____

Date : _____

[Fill in Details as stated on Hong Kong Identity Card / Passport]

**** Delete as appropriate***

Appendix 9

(For reference purpose)

Certified True Copy Application Form

Name of Business: _____

Application for True Copy for Licence (Licence number format: 1/2A/1234):

☐ Wholesale Dealer Licence (WDL); Licence no: ___/2A/___ Qty: ___

☐ Antibiotics Permit (AP); Licence no: ___/1A/___ Qty: ___

☐ Wholesale Dealer's Licence to Supply Dangerous Drugs (Part I);Licence no: ___/6A/___ Qty: ___

☐ Wholesale Dealer's Licence to Supply Dangerous Drugs (Part II);Licence no: ___/5A/___ Qty: ___

Reason for Apply Certified True Copy: *(Tick the appropriate)*

☐ Not received **from the date of mail by 'Wholesale Regulatory Unit' within 1 month** (shall return to Drug Office when original copy was found)

☐ Lost <Shall pay for HK$220 per licence>

☐ Extra copy for business purpose (e.g. apply tender) <Shall pay for HK$220 per licence>

☐ Others (Please specify: _____)

Signature of Applicant/Authorized Person[!] : _____

Name of Applicant/Authorized Person[!] : _____

Position of Applicant/Authorized Person[!] : _____

Name of Business : _____

Contact No. : _____

Email Address : _____

Company Stamp : _____

Date : _____

[Fill in Details as stated on Hong Kong Identity Card / Passport]

[!][If application signed by Authorized Person, please submit Appendix 12]

Appendix 10

(For reference purpose)

Over-Payment Claim Application Form

Name of Business: _____

Application for Refund for Licence (Licence number format: 1/2A/1234):

☐ Wholesale Dealer Licence (WDL); Licence no: _____/2A/_____

☐ Antibiotics Permit (AP); Licence no: _____/1A/_____

☐ Wholesale Dealer's Licence to Supply Dangerous Drugs (Part I); Licence no: _____/6A/_____

☐ Wholesale Dealer's Licence to Supply Dangerous Drugs (Part II); Licence no: _____/5A/_____

Payment Type involved the Claim: *(Tick the appropriate)*

☐ New Application Fee
☐ Renewal Fee
☐ Change of Particulars Fee

Payment Claim Action: *(Tick the appropriate)*

☐ Claim for Refund with below Details:

- Receiver's Name: _____ *(for Cheque Deposit)*
- Amount of Payment Refund: _____
- Demand Note Number: _____
- Payment Date: _____
- Mailing Address: _____

_____

☐ Rejected to Claim the Refund

//CAUTION: Submission of batch applications must be accompanied by a copy of the payment receipt or relevant information as proof before it will be accepted.//

Signature of Applicant/Authorized Person[!] : _____

Name of Applicant/Authorized Person[!] : _____

Position of Applicant/Authorized Person[!] : _____

Name of Business : _____

Contact No. : _____

Email : _____

Company Chop : _____

Date : _____

[Fill in Details as stated on Hong Kong Identity Card / Passport]
[!][If application signed by Authorized Person, please submit Appendix 12]

Appendix 12

(For reference purpose)

Authorization Letter

I, ***Mr/ Mrs/ Miss/ Ms**_____ (_____),
Full Name: (in English – *Surname first, then Other Names*) (in Chinese)

***HKID / Passport** No.: _____ , the undersigned company's director

hereby authorize _____ to act on behalf in all possible
(Authorized Person's Name: in English – *Surname first, then Other Names*)

manners to apply for Change of Particulars Application according to WDL-COP Form submitted on

_____ including signing and providing all documents relating to this matter.
(Application Date)

Signature of Director : _____

Name of Director : _____

Name of Business : _____

Contact No. : _____

Email Address : _____

Company Chop (Authorized Signature) : _____

Date : _____

[Fill in Details as stated on Hong Kong Identity Card / Passport]
**** Delete as appropriate***

Statement of Purposes

Purpose of Collection

1. This personal data are provided by licence applicants for the purposes of application for licences under the Pharmacy and Poisons Ordinance, the Antibiotics Ordinance and the Dangerous Drugs Ordinance. The personal data provided will be used by DH for the following purposes:

(a) Proof of eligibility for a licence
(b) Assessment of whether the applicant is a fit and proper person to be granted a licence

2. The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove your eligibility for a licence, or to assess whether you are a fit and proper person to be granted a licence.

Classes of Transferees

3. The personal data you provide are mainly for use within DH and the Pharmacy and Poisons Board. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

4. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. 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 corrections, should be addressed to:

Senior Pharmacist
Licensing and Compliance Division
Drug Office
Department of Health
Room 2001-2002, 20/F, Dah Sing Financial Centre,
248 Queen's Road East, Wan Chai, Hong Kong.
Telephone Number: 3107 2194