

**Explanatory Notes**  
**Application to the Pharmacy and Poisons Board of Hong Kong for**  
**Registration as a Pharmacist in Hong Kong**

(A) Completion of Application Form and Data Form

- (i) Complete the “Application to the Pharmacy and Poisons Board of Hong Kong for Registration as a Registered Pharmacist” (“Application Form”)<sup>1</sup>;
- (ii) Make a statutory declaration to confirm the truth of all information provided in the completed Application Form in the presence of:
  - ♦ a barrister, a solicitor, or a Commissioner for Oaths, if the applicant is resident in Hong Kong; or
  - ♦ a notary public, if the applicant is resident outside Hong Kong

to the effect that he, who shall sign across the applicant’s photo on the Application Form, has personally checked and is satisfied that the applicant’s personal particulars and photo provided in the Application Form are the same as shown in the applicant’s identity card or passport or both.

***Applicants are warned that it is a criminal offence punishable by imprisonment to make a false declaration, and they must ensure the accuracy and completeness of all information provided.***

- (iii) Complete the “Data Form of the Pharmacy and Poisons Board of Hong Kong” (“Data Form”);
- (iv) Submit the certified true copy of the applicant’s Hong Kong Identity Card (or Passport if Hong Kong Identity Card is not available) certified by a barrister, a solicitor or a Commissioner for Oaths if the applicant is resident in Hong Kong, or a notary public if the applicant is resident outside Hong Kong. If the applicant submits his/her application in person, he/she may choose to produce the original (together with a photocopy) of his/her Hong Kong Identity Card or Passport for inspection, instead of the notarised copy;
- (v) Submit four recent passport-size photos;
- (vi) Submit the Certificate of Good Standing from the board of pharmacy which has jurisdiction over his/her latest practice if the applicant has registered in other jurisdictions. The certificate must be issued not earlier than three months before the application is received by the Pharmacy and Poisons Board of Hong Kong; and

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<sup>1</sup> The name provided in the Application Form MUST be the same as the one shown in the evidence of identity, i.e. the Hong Kong Identity Card (or Passport if Hong Kong Identity Card is not available).

If the name shown in the evidence of identity is different from the name(s) appear(s) in other supporting documents (e.g. Certificate of Good Standing), applicant should declare that all the names are referring to the same person in the presence of a barrister, a solicitor or a Commissioner for Oaths if the applicant is resident in Hong Kong, or a notary public if the applicant is resident outside Hong Kong.

- (vii) Pay the current prescribed fees<sup>2</sup> through the online platform. If there is any difficulty in completing the payment online, pay the prescribed fees by crossed cheque/banker's draft made payable to "The Government of HKSAR".

(B) Submission of Application Form and Data Form

The completed Application Form, Data Form, and all supporting documents listed in (A)(iv) to (A)(vi), along with the crossed cheque/banker's draft for paying the prescribed fees (where applicable), can be submitted in person or by post to the following address:

Secretary to the Pharmacy and Poisons Board of Hong Kong  
c/o Central Registration Office  
17/F, Wu Chung House  
213 Queen's Road East  
Wan Chai, Hong Kong

(C) Payment of Annual Practising Fee

If you are interested in using the autopay facility for future payment of annual practising fee, please contact the Central Registration Office for Autopay Authorization Form.

(D) Enquiries

Enquiries can be directed to the Central Registration Office at (852) 2961 8648 / 2961 8655.

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<sup>2</sup> Registration fee: HK\$790. Fee for practising certificate: HK\$520 (fees are subject to adjustment from time to time).

# PHARMACY AND POISONS ORDINANCE

(Cap. 138, Laws of Hong Kong)

## APPLICATION TO THE PHARMACY AND POISONS BOARD OF HONG KONG FOR REGISTRATION AS A REGISTERED PHARMACIST

I, \_\_\_\_\_ (\_\_\_\_\_), holder  
of Hong Kong Identity Card No./Passport No. \_\_\_\_\_ residing  
at \_\_\_\_\_

apply to the Pharmacy and Poisons Board for registration as a registered pharmacist, in accordance with the  
Pharmacy and Poisons Ordinance, Cap. 138, Laws of Hong Kong.

2. I hold the following qualifications:

and have satisfied the Pharmacy and Poisons Board that I have fulfilled all relevant registration  
requirements already.

3. I \*have/have not practised pharmacy in a jurisdiction outside Hong Kong<sup>1</sup>.

4. I further confirm that I have not been convicted of any criminal offence punishable with  
imprisonment nor have I ever been found guilty of misconduct in a professional respect, in Hong Kong  
or elsewhere.

<sup>2</sup>Declared at \*Hong Kong;

\*or [insert place of resident if the applicant is  
resident outside Hong Kong]

this \_\_\_\_\_ day of \_\_\_\_\_ (month)  
\_\_\_\_\_ (year)

\_\_\_\_\_  
(Applicant's signature)

Before me,

\_\_\_\_\_  
(\_\_\_\_\_)<sup>3</sup>

\* Commissioner for Oaths/Barrister/Solicitor,  
of Hong Kong; or

\* Notary Public, of [insert place of resident if  
the applicant is resident outside Hong Kong]

Photograph<sup>4</sup>

*\*Please delete as appropriate*

April 2025

<sup>1</sup> Please refer to item (A)(vi) in the Explanatory Notes.

<sup>2</sup> Please refer to item (A)(ii) in the Explanatory Notes.

<sup>3</sup> Commissioner for Oaths/Barrister/Solicitor/Notary Public should insert his full name in the bracket.

<sup>4</sup> Commissioner for Oaths/Barrister/Solicitor/Notary Public should sign across the affixed photograph.

# THE PHARMACY AND POISONS BOARD OF HONG KONG

## DATA FORM

(Data to be recorded in the Register of Pharmacists)



Name : \_\_\_\_\_  
(English) (Chinese, if applicable)

HKID/Passport\* No. : \_\_\_\_\_ Sex\*: \_\_\_\_\_ M/F

Date of Birth : \_\_\_\_\_

Registered Address <sup>Note</sup>  
(in both Chinese  
& English)

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

Contact Telephone/Mobile No. : \_\_\_\_\_

Qualifications :  
(in both Chinese  
& English)

I am / am not\* interested in using the Autopay facility for payment of my annual practising fee.  
(Note: If yes, please complete the Autopay Authorization Form.)

Note: The registered address will be used for service of notices from the Pharmacy and Poisons Board.  
The address provided will be published in the Gazette and made available on the Government's  
e-Gazette website for public reference and verification of the registration status of the pharmacist.  
Please timely update the Central Registration Office in case of any changes to the registered address.

\*Please delete as appropriate

## **Statement of Purposes**

### Purpose of Collection

1. The personal data are provided by an individual to the Pharmacy and Poisons Board of Hong Kong (the Board) for the purpose of application for registration as a pharmacist. The provision of personal data is voluntary. If you do not provide sufficient information, the Board may not be able to process your application.

### Classes of Transferees

2. The personal data you provide are mainly for use within the Board but they may also be disclosed to other Government bureaux/departments, agencies or authorities for the purpose mentioned in paragraph 1 above, if required. Moreover, according to the Pharmacy and Poisons Ordinance, part of the information provided, such as names of pharmacists, addresses, qualifications and dates of the qualifications, will be entered into the Register for public inspection. Apart from these, your other personal particulars and information will 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

3. 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 provided by you during the occasions as mentioned in paragraph 1 above. A fee may be imposed for obtaining a copy of such data.

### Enquiries

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

The Secretary, Pharmacy and Poisons Board  
46/F, Revenue Tower  
5 Gloucester Road, Wanchai, Hong Kong

Tel. : 2527 8432  
Fax : 2865 5540