

APPLICATION FOR RENEWAL OF REGISTRATION AS AUTHORIZED PERSON

獲授權人註冊續期的申請

PART A CATEGORY OF RENEWAL APPLICATION

甲部 續期申請類別

Please tick the appropriate box:

請在適當空格內加上 ✓ 號:

- Renewal of Registration as Authorized Person for Pharmaceutical Manufacturers
藥物製造商的獲授權人的註冊續期
- Renewal of Registration as Authorized Person for Pharmaceutical Manufacturers of Advanced Therapy Products
先進療法製品製造商的獲授權人的註冊續期
- Renewal of Registration as Authorized Person for Secondary Packaging Manufacturers
外包裝製造商的獲授權人的註冊續期

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# :

Registration No. of Authorized Person:

獲授權人註冊號碼:

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

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。

PART C DECLARATION OF APPLICANT

丙部 申請人聲明

I wish to apply for renewal of registration as Authorized Person under the Pharmacy and Poisons Ordinance. I hereby declare that the information given in this application is true and correct.

本人欲根據《藥劑業及毒藥條例》申請獲授權人註冊續期。本人現聲明此申請書內所填報的資料，均全屬確實無誤。

Signature:

簽署:

Full name of Signatory:

簽署人全名:

Date:

日期:
