

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 Kong¹.

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.

²Declared at *Hong Kong;
*or [insert place of resident if the applicant is
resident outside Hong Kong]

_____ }
this _____ day of _____ (month)
_____ (year)

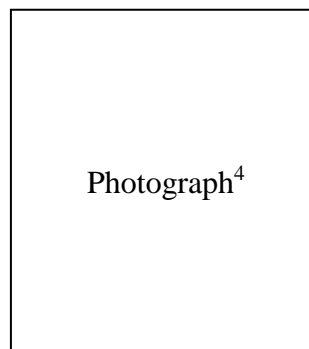
(Applicant's signature)

Before me,

(_____)³

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

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



**Please delete as appropriate*

September 2019

¹ Please refer to item (A)(vi) in the Explanatory Notes.

² Please refer to item (A)(ii) in the Explanatory Notes.

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

⁴ 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 : _____

Address : _____
(in both Chinese & English)

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.)

**Please delete as appropriate*