

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
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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.

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。

Signature:

簽署:

Full name of Signatory:

簽署人全名:

Date:

日期:
