

Chinese Medicine Council of Hong Kong
Chinese Medicine Ordinance (Cap. 549)

Guidance Notes for Completion of Application for
Chinese Medicines Trader Licences

Please read the following guidance notes before completing the application form.

General Notes

1. Please cut the appropriate application form and checklist along the dotted line.
2. Please fill in the application form with a black fountain pen or ballpen.
3. The applicant shall duly complete each of the sections on the application form (including address in both Chinese and English), and shall provide correct information.
4. Save as otherwise specified, please fill in the application form in Chinese or English in BLOCK letters.
5. For any applicant who fails to provide all the necessary information, or the information so provided fails to clearly show that he satisfies the basic application requirements, his application will not be considered.
6. Application forms or checklists may be photocopied in case of insufficiency for use.
7. The applicant shall keep a photocopy of the duly completed application form and the information submitted for reference.
8. The Chinese Medicine Division of the Department of Health will issue letter of acknowledgement within 30 days upon receipt of an application form. The letter of acknowledgement will contain an application number for each applicant. Any applicant who does not receive a letter of acknowledgement after the said 30 days shall contact the Chinese Medicine Division of the Department of Health.
9. For correction of or access to personal data after submission of the application form, please contact the Chinese Medicine Division at 2574-9999.

Chinese Medicine Ordinance

(香港法例第 549 章)

(Cap. 549)

中成藥製造商牌照申請表

Application Form for Manufacturer Licence in Proprietary Chinese Medicines

本公司 We, _____,at _____
 (公司名稱 Name of Company)

_____ ,
 (公司地址 Address of Company)

於 2000 年 1 月 3 日已經營中成藥製造業務：

have already conducted the manufacture business of proprietary Chinese medicines on 3 January 2000:

Yes 是 No 不是

(請註明開業日期 Please state the date of commencement of business : _____)

現根據《中醫藥條例》第 132 條的規定，申請於下述的處所製造中成藥。

We wish to apply for manufacture business of proprietary Chinese medicines at the premises below in accordance with Section 132 of the Chinese Medicine Ordinance.

甲部 Part A 營業資料 Business Information	
營業處所 (中文) : 公司名稱 (Chinese)	Company name of business premises (English)
營業處所地址 (中文) : Address of business premises (Chinese)	營業處所地址 (英文) : Address of business premises (English)
商業登記號碼 Business Registration No. :	營業電話號碼 Business Tel No. :
電子郵件地址 (如適用) E-mail Address (if any) :	營業傳真號碼 Business Fax No. :

請在適當的方格內加上“√”號 Please tick “√” in the appropriate box.

貯存倉地址及商業登記號碼（如與上述地址不同）

Address of Warehouse and Business Registration No. (if different from above) :

獨資東主 / 合夥人 / 董事姓名及其香港身分證號碼 / 護照號碼 (如董事為一間公司，請填寫公司名稱及公司編號)

Name and Hong Kong Identity Card Number/Passport Number of sole proprietor/partners/director(s). (In case of a director being a corporation, please state the name and Company Number of the corporation) :

申請進行 Apply for the

調配 preparation / 生產 production / 包裝 packing / 再包裝 re-packing
中成藥 of proprietary Chinese medicines

負責監管中成藥製造人員的資料

Information of the responsible person nominated for the supervision of the manufacture of proprietary Chinese medicines

獲提名負責監管中成藥的製造的人員的資料

The person who is nominated to be responsible for the supervision of the manufacture of proprietary Chinese medicines :

獲提名負責監管中成藥的製造的人員的副手的資料 (不多於 2 名)

The deputy or deputies who are nominated to be responsible for the supervision of the manufacture of proprietary Chinese medicines (not more than 2 persons) :

姓名 Name :

身分證 / 護照

號碼 HKID/

Passport No:()

簽署 Signature :

姓名 Name :

身分證 / 護照

號碼 HKID/

Passport No:()

簽署 Signature :

姓名 Name :

身分證 / 護照

號碼 HKID/

Passport No:()

簽署 Signature :

請在適當的方格內加上“✓”號 Please tick “✓” in the appropriate box.

乙部 Part B 聲明 Declaration

1. 本人謹此聲明，就本人所知及所信，此申請表及有關的核對表所提供的資料，皆屬真確事實的全部。
I hereby declare that all the foregoing information in this application form and the relevant checklist is FULL, COMPLETE and TRUE to the best of my knowledge and belief.
2. 本人授權香港中醫藥管理委員會中藥組按其認為合適的方式，核實此申請所提供的資料。
I authorize the Chinese Medicines Board of the Chinese Medicine Council to verify the foregoing information in any manner as it deems fit.
3. 本人明白根據《中醫藥條例》第 153(3)條的規定，任何人在向中藥組提出申請或在給予任何資料時，在要項上作出他知道是虛假或他不相信是真實的陳述或申述，即屬犯罪，最高可處第 6 級罰款及監禁 2 年。
I understand that according to Section 153(3) of the Chinese Medicine Ordinance, any person who, in making an application to the Chinese Medicines Board or in giving any information, makes a statement or representations which he knows to be false or does not believe to be true in a material particular, commits an offence and shall be liable to maximum penalty of a fine at level 6 and to imprisonment for 2 years.
4. 本人明白所提交的個人資料，將會用作執行《中醫藥條例》的條款。
I understand that the personal data provided by me are for the purposes of facilitating the execution of the provisions of the Chinese Medicine Ordinance.
5. 本人明白所提交的個人資料，主要由香港中醫藥管理委員會內部使用，但亦可能因以上第 4 段所列目的，向其他政府部門、中介機構或行政管理機構披露；除此以外，這些資料只會在本人同意，又或是《個人資料（私隱）條例》所容許下，才會向其他人士披露。
I understand that the personal data provided by me are mainly for use within the Chinese Medicine Council but they may also be disclosed to other Government bureaux/departments, agencies or authorities for the purposes mentioned in paragraph (4), if required. Apart from this, the information provided herein will only be disclosed to parties where I have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.
6. 本人明白根據《個人資料（私隱）條例》第 18 條及 22 條以及其附表 1 第 6 原則所述，本人有權查閱及修正個人資料，但查閱資料時，可能要繳交費用。本人的個人資料如有任何更改，須盡快以書面通知衛生署中醫藥事務部。
I understand that I have the right of access and correction with respect to personal data as provided for in Section 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. A fee may be imposed for complying with a data access request. If there is any amendment to the personal data, I shall send it in writing to the Chinese Medicine Division of the Department of Health as soon as possible.

.....
公司負責人簽署

Signature of person in charge of the business

.....
姓名（正楷）Name (Block Letters)

.....
公司蓋章 Company Chop

.....
職位 Position Held

.....
日期 Date

此欄供有關部門填寫 For Office Use Only

收到申請表日期 Date of receipt of application form :