

香港中醫藥管理委員會中藥組
Chinese Medicines Board of
Chinese Medicine Council of Hong Kong

教育及科研機構或人士根據第 158(1)條之豁免申請
(有關中藥材)

Application for exemption in accordance with section 158(1) by a person or
institution concerned with education or scientific research
in relation to Chinese herbal medicine

《中醫藥條例》

第 549 章

第 158(1)條

CHINESE MEDICINE ORDINANCE (Cap. 549)

Section 158(1)

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| 丙部份 Part C | 詳情 Details | | |
| 獲得有關中藥材的目的： The purpose(s) of acquiring Chinese herbal medicines | 教育 <input type="checkbox"/> Education | 科學研究(科研) <input type="checkbox"/> Scientific research | |
| 欲申請豁免的範圍及理由 (請在適當方格內加上 x號): Scope of exemption applied for and reason(s) (Please x as appropriate): | | | |
| 範圍 Scope | 理由 Reason(s) | | |
| 中藥材進口 <input type="checkbox"/> Import of Chinese herbal medicine | | | |
| 管有附表 1 中藥材 <input type="checkbox"/> Possession of Schedule 1 Chinese herbal medicine | | | |
| 其他 <input type="checkbox"/> Others | | | |
| 教學/科研項目的名稱(如適用)： Title of the education / scientific research project (if applicable): | | | |
| 教學/科研項目的內容： Content of the education / scientific research project: | | | |
| | | | |
| | | | |
| 參與以上項目的人士的姓名及其職位名稱： The name and post of the person(s) involved in the above-mentioned project : | | | |
| 請詳述參與以上項目人士所負責的工作範圍、性質： Please give details on the duties and responsibilities of the person(s) involved in above-mentioned project : | | | |

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| 丙部份 (續) | 詳情 |
| Part C (Cont'd) | Details |
| 完成教學/科研項目所需的總時間： Total time required for completion of the education/ scientific research project : | |
| 由 _____ 至 _____ | |
| From _____ to _____ | |
| 申請人的簽署： | |
| 申請 姓名 : | _____ 中文) |
| Name of the applicant : | _____ (English) |
| 日期： | _____ |
| Date : | _____ |

一般事項：

General Remarks:

- 請用黑色墨水筆或原子筆填寫申請表
Please use black inked pen or ball pen to fill in the application form.
- 申請人須填妥申請表各有關項目(包括中英文地址)，並提供正確資料。
Applicant shall complete every relevant items of the application form (including Chinese and English address), and provide correct information.
- 除註明外，請以中文正楷或英文填寫申請表格。
Unless otherwise specified, please use Chinese or English block letters to fill in the application form.
- 申請人如未能提供所需的所有資料，或所填寫的資料未能清楚顯示申請人符合最基本的申請規定，或申請人未能在申請之後註明的一段時間內補交所需的資料，
In the event that an applicant cannot provide all necessary information, or that the information provided does not clearly indicate the applicant has complied with all basic application requirements, or that the applicant fails to provide all necessary information within a specified period of time after application,
- 申請人應保留一份填妥的申請表副本，以備參考。
Applicant should retain a photocopy of the application for reference.
- 申請人提交申請表後，如欲更改或查詢個人資料，請與中醫藥管理委員會秘書處聯絡(電話號碼：2574 9999 或 2574 4333)。
If an applicant wishes to amend or inquire personal information after submission of the application form, please contact the Secretariat of the Chinese Medicine Council (telephone no. 2574 9999 or 2574 4333).
- 如申請表空位不敷填寫，請另頁填寫，並在申請表有關部份註明。申請人須在該附頁上寫明其姓名及簽署，然後將附頁釘附在申請表內。
If there is insufficient space in the application form, please use a separate sheet and indicate accordingly in the relevant part of the application form. The applicant shall write his/her name and sign on the sheet and attach it to the application form.

本人已附上以下文件副本作審批申請之用：

I attach the following copies of documents for approval of the application:

| 機構 Institution | | 申請人士 Applicant |
|-------------------|--|---|
| (i) | Document to prove the identity of the applicant; <input type="checkbox"/> | (i) 身份證明文件； Document to prove the identity; <input type="checkbox"/> |
| | | (ii) 有關學歷的證明文件； Document of academic qualification; <input type="checkbox"/> |
| (ii) | 進行教學/科研項目地點的證明文件。 Document to certify the address of premises where the project of education / scientific research is conducted. <input type="checkbox"/> | (iii) <input type="checkbox"/> |
| (iii) | 進行教學/科研項目地址的證明文件。 Document to certify the address of premises conducting the project of education / scientific research. <input type="checkbox"/> | (iv) 執業經驗的證明文件； Document to certify the practical experience; <input type="checkbox"/> |

中藥組如認為有需要，可要求申請者提交任何其他文件或資料。

The Chinese Medicines Board may, if necessary, request the applicant to submit any other documents or information.

中藥組如認為有需要，可要求申請者提交任何文件或資料的正本以供核對。

The Chinese Medicines Board may, if necessary, request the applicant to submit original copy of any of the above documents or information for verification.

(請在適當方格內加上x號) (Please x as appropriate)

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| 丁部份 Part D | 聲明 (機構或人士必須填寫) Declaration (To be completed by institution or person) |
| <p>1. 本人謹此聲明，就本人所知及所信，此申請表的甲、乙及丙部份所提供的資料皆屬真實事實的全部。 I hereby declare that all the foregoing information in Parts A, B and C of this application is FULL, COMPLETE and TRUE to the best of my knowledge and belief.</p> <p>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，核實此申請表所提供的資料。 I authorize the Chinese Medicines Board of the Chinese Medicine Council of Hong Kong to verify the foregoing information in any manner as it deems fit.</p> <p>3. 本人明白所提交予香港中醫藥管理委員會中藥組的個人資料 _____，將會用作執行《中醫藥條例》的條款。 I understand that my personal data or other relevant information given to the Chinese Medicines Board of the Chinese Medicine Council of Hong Kong are for the purposes of facilitating the implementation of the relevant provisions of the Chinese Medicine Ordinance.</p> <p>4. 本人明白所提交的個人資料，主要供香港中醫藥管理委員會內部使用，但亦可能因以上第 3 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；除此之外，其他個人資料祇會在本人同意，又或者在《個人資料（私隱）條例》所容許下，向其他人士披露。 I understand that my personal data are mainly for use within the Chinese Medicine Council but they may also be disclosed to other Government bureaux / departments, agencies or organization for the purposes mentioned in paragraph 3. Apart from this, my personal particulars and information 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.</p> | |
| <p>申請人的簽署： _____</p> <p>機構的蓋章： Stamp of the institution/employer: _____</p> <p>日期： Date: _____</p> | |