

《中醫藥條例》  
(第 549 章)  
Chinese Medicine Ordinance  
(Chapter 549)

檔案編號：  
Ref. No.

中成藥銷售證明書申請書  
《中醫藥條例》第 130 條  
Application Form for Certificate of Sale of Proprietary Chinese Medicines  
Section 130, Chinese Medicine Ordinance

本號 \_\_\_\_\_ 地址為 \_\_\_\_\_  
My company, \_\_\_\_\_ (商號名稱 / Name of company) is located at \_\_\_\_\_

\_\_\_\_\_  
(商號地址 / Address of company)

現提供以下資料作申請中成藥銷售證明書之用  
The following information is provided for application for Certificate of Sale of proprietary Chinese medicines (pCm)

本公司的中成藥製造商牌照編號：  
Our company's Manufacturer Licence number in pCm is: \_\_\_\_\_

1. 產品名稱 Product name

中文 (Chinese) :

英文 (English) :

2. 中成藥註冊編號/過渡性註冊編號 Registration number/Transitional registration number of pCm

3. 連同此申請表一併提交的文件\*

The following documents should be submitted upon application \*

- 符合法例要求的產品說明書 (只適用於持有「確認中成藥過渡性註冊通知書」的產品)

Package insert that has complied with the laws  
(only applicable to the products with “Notice of confirmation of transitional registration of pCm”)

- 符合法例要求的產品標籤 (只適用於持有「確認中成藥過渡性註冊通知書」的產品)

Product's label that has complied with the laws  
(only applicable to the products with “Notice of confirmation of transitional registration of pCm”)

- 該中成藥的註冊持有人的授權信(如適用)

Authorization letter from the holder of the certificate of registration of the pCm (if applicable)

申請者聲明

Declaration

本人明白根據《中醫藥條例》第 153 條第 3 款的規定，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。本人現聲明盡本人所知及所信，申請書所提供的資料均屬真確事實的全部。

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. I hereby declare that all the foregoing information in this application form is full, complete and true to the best of my knowledge and belief.

公司負責人<sup>◆</sup>簽署

Signature of person-in-charge<sup>◆</sup> of the company

姓名（正楷）

Name of the person-in-charge (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

日期 Date : .....

繳交費用 Fee paid : .....

\* 請在適當的□空格內加上✓號。Please tick  in the appropriate box.

◆ 公司負責人需為申請公司的東主、合夥人、理事或董事。Person-in-charge of the company should be the sole-proprietor, partner ,executive or director.

以上資料乃申請人提供作中成藥銷售證明書參考之用，其真確性尚有待証實。

The information is provided by the applicant is for reference purposes in connection with an application for Certificate of Sale of Proprietary Chinese Medicines. The authenticity of this information is subject to verification.