

**申請中藥商牌照續期文件核對表**  
**Documentation Checklist**  
**Application for Renewal of Chinese Medicines Trader Licences**

(適用於中藥材零售商、中藥材批發商、中成藥批發商或中成藥製造商牌照的續期)

(Applicable to the renewal of retailer and wholesaler licences in Chinese herbal medicines, and wholesaler and manufacturer licences in proprietary Chinese medicines)

請將此文件核對表連同下列文件，與中藥商牌照續期申請表（表格 11）一併親身提交或郵遞至衛生署中醫藥規管辦公室。

Please submit in person or by post this documentation checklist together with the following documents and the **Application form for Renewal of Chinese Medicines Trader Licences (Form 11)** to the Chinese Medicine Regulatory Office of the Department of Health.

**第一部份 Part I 必須提交的文件 Compulsory Documents**

If your answer to any one of the following items 1 to 3 is “No”, please attach an explanation in writing. 假如你對下述第 1 至 3 項，任何一項的答案是「否，」請附上書面解釋。

<b>你是否已經提交 Have you submitted :</b>	<b>是 Yes</b>	<b>否 No</b>
1. 一份填妥的中藥商牌照續期申請表一份(表格 11) A duly completed application form for renewal of Chinese medicines trader licences (Form 11)	<input type="checkbox"/>	<input type="checkbox"/>
2. 商業登記證副本 Copy of Business Registration Certificate	<input type="checkbox"/>	<input type="checkbox"/>
3. 獨資東主、合夥人、理事或董事及主要職員的名單(包括中、英文姓名、身分證號碼／護照號碼及職位，如董事為一間公司，請填寫公司名稱及公司編號) Name list of sole proprietor/partners/executive(s)/director(s) and key personnel (including full names in both Chinese and English, Hong Kong Identity Card numbers/Passport Numbers and posts. In the case of a director being a corporation, please state the name and Company Number of the corporation)	<input type="checkbox"/>	<input type="checkbox"/>

**第二部分 Part II 其他文件 Other Documents**

以下所述的文件資料，如與中藥組牌照檔案內的資料有所不同，申請人必須提交有關資料以供中藥組審核。如資料上沒有任何變更，申請人可於下述聲明簽署作實。

The applicant must submit the following information for the verification of Chinese Medicines Board if the information is inconsistent with that in licence files maintained by the Board. If the information is consistent, the applicant may sign the declaration below for confirmation.

<b>你是否已經提交 Have you submitted :</b>	<b>是 Yes</b>	<b>否 No</b>
4. 只適用於有限公司 For limited company only: (i) 公司註冊證書副本； <b>及</b> Copy of Certificate of Incorporation; <b>AND</b> (ii) 董事名單副本，例如公司註冊處的表格 NAR1 的副本，或一套表格 NNC1 的副本(如為新成立的有限公司) Copy of Directors' List, such as Form NAR1 of the Companies Registry or a full set of Form NNC1(in case of a newly established limited company) <b>或 OR</b> 只適用於獨資經營的公司 For sole proprietorship only: 商業登記署表格 1(a) 副本 Copy of Form 1(a) of Business Registration Office <b>或 OR</b> 只適用於合夥經營的公司 For partnership only: 商業登記署表格 1(c) 副本 Copy of Form 1(c) of Business Registration Office	}	<input type="checkbox"/>

5. 經營處所平面簡圖 Brief floor plan of business premises	<input type="checkbox"/>	<input type="checkbox"/>
<i>只適用於有從事中藥材配發的中藥材零售商： Only applicable to retailers of Chinese herbal medicines engaging in the dispensing of Chinese herbal medicines:</i>		
6. 負責監管中藥材配發的人員及其副手的學歷證明及／或有關的工作經驗證明 Evidence of academic qualifications and/or documentary proofs of relevant working experience of the person and his deputies responsible for the supervision of the dispensing of Chinese herbal medicines	<input type="checkbox"/>	<input type="checkbox"/>
<i>只適用於中成藥製造商： Only applicable to manufacturers of proprietary Chinese medicines:</i>		
7. 有關中成藥製造設備的清單 List of manufacturing equipment for proprietary Chinese medicines	<input type="checkbox"/>	<input type="checkbox"/>
8. 負責監管中成藥製造的人員及其副手的學歷證明及／或有關的工作經驗證明 Evidence of academic qualifications and/or documentary proofs of relevant working experience of the person and his deputies responsible for the supervision of the manufacture of proprietary Chinese medicines	<input type="checkbox"/>	<input type="checkbox"/>
9. 其他資料（如有） Other Information (if any): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

註： 如有需要，中藥組可要求申請人提交其他證明文件及上述文件的正本，以供核對。  
Note: Whenever necessary, the Chinese Medicines Board may request the applicant to submit other evidence and originals of the said documents for verification.

本人現聲明第 4 / 5 / 6 / 7 / 8 / 9 \* 項的資料與中藥組牌照檔案內的資料相同。  
I hereby declare that information specified in paragraphs 4 / 5 / 6 / 7 / 8 / 9 \* is consistent with that in the licence files maintained by the Chinese Medicines Board.

簽署 <sup>3</sup>	公司蓋章
Signature : .....	Company chop : .....
簽署人姓名 <sup>3</sup>	職位
Name : .....	Position held : .....
(正楷 in block letters)	
聯絡電話	日期
Telephone No : .....	Date : .....

(\*請刪去不適用者 \*Please delete as appropriate)