

申請中藥材零售商牌照文件核對表

Documentation Checklist

Application for Retailer Licence in Chinese Herbal Medicines

請將此文件核對表連同下列文件，與中藥材零售商牌照申請表(表格 1A) 一併親身提交或郵寄衛生署中醫藥規管辦公室。假如你對下述第 1 至 6 項，任何一項的答案是「否」，請附上書面解釋。

Please submit in person or by post this documentation checklist together with the following documents and the **Application Form for Retailer Licence in Chinese Herbal Medicines (Form 1A)** to the Chinese Medicine Regulatory Office of the Department of Health. If your answer to any one of the following items 1 to 6 is “No”, please attach an explanation in writing.

<u>你是否已經提交</u> Have you submitted:	是 <u>Yes</u>	否 <u>No</u>
1. 一份填妥的中藥材零售商牌照申請表 (表格 1A) A duly completed “Application Form for Retailer Licence in Chinese Herbal Medicines (Form 1A)”	<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. 只適用於有限公司： For limited company only: (i) 公司註冊證書副本； <u>及</u> 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)  <u>或 OR</u> 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  <u>或 OR</u> 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"/>	<input type="checkbox"/>

	是 <b>Yes</b>	否 <b>No</b>
4. 獨資東主、合夥人或董事及主要職員 * 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/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"/>
5. 經營處所平面簡圖 Brief floor plan of business premises	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
7. 其他資料 (如有) : Other Information (if any): _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

\* 主要職員包括：管理階層、負責監管中藥材配發的人員及其副手等等。

*Key personnel includes the management, the person and his deputies responsible for the supervision of the dispensing of Chinese herbal medicines, etc.*

# 如申請述明不會在該申請所關乎的處所內配發中藥材，則無須提交第(6)項資料。

*If the application states that no Chinese herbal medicine is to be dispensed in the premises to which the application relates, there will be no need to submit the information listed in no.6.*

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: Where necessary, the Chinese Medicines Board may require the applicant to submit other documentary proofs and the originals of the said documents for verification.