香港中醫藥管理委員會
Chinese Medicine Council of Hong Kong

核對表 **Checklist 2D**

申請中成藥製造商牌照文件核對表
Documentation Checklist
Application for Manufacturer Licence in Proprietary Chinese Medicines

請將此文件核對表連同下列文件，與**中成藥製造商牌照申請表(表格 1D)**一併親身提交或郵寄衞生署中醫藥規管辦公室。假如你對下述第 1 至 7 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 Manufacturer Licence in Proprietary Chinese Medicines (Form 1D)** to the Chinese Medicine Regulatory Office of the Department of Health. If your answer to any one of the following items 1 to 7 is "No", please attach an explanation in writing.

你是否已經提交 **Have you submitted:**	是 **Yes**	否 **No**
1. 一份填妥的中成藥製造商牌照申請表 (表格 1D) A duly completed "Application Form for Manufacturer Licence in Proprietary Chinese Medicines (Form 1D)"	☐	☐
2. 商業登記證副本 Copy of Business Registration Certificate	☐	☐
3. 只適用於有限公司： For limited company only: (i) 公司註冊證書副本；及 Copy of Certificate of Incorporation; **AND** (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 Form NNC1 (in case of a newly established limited company) 或 OR 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 或 OR 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	☐	☐

	是 **Yes**	否 **No**
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)	☐	☐
5. 經營處所平面簡圖 Brief floor plan of business premises	☐	☐
6. 有關中成藥製造設備的清單 List of manufacturing equipment for proprietary Chinese medicines	☐	☐
7. 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	☐	☐
8. 其他資料（如有）： Other Information (if any): _____ _____ _____	☐	☐

** 主要職員包括：管理階層、負責監管中成藥製造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 manufacture of proprietary Chinese medicines, etc.*

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