

《中醫藥條例》(第 549 章)  
Chinese Medicine Ordinance (Chapter 549)  
中成藥註冊續期申請書  
《中醫藥條例》第 123 條

檔案編號：

Ref. No.:

Application Form for Renewal of Registration of Proprietary Chinese Medicines (pCm)  
Section 123, Chinese Medicine Ordinance

| 申請人資料 General Information  |                                  |
|--|----------------------------------|
| 公司名稱： Name of Company:   |                                  |
| 公司地址： Address of Company:  |                                  |
| 商業登記證號碼：<br>Business registration number of the company:   |                                  |
| 中成藥製造商牌照／中成藥批發商牌照編號：<br>Company's Manufacturer Licence number /<br>Wholesaler Licence number in pCm  | P _ _ _ _ _                      |
| 續期詳情 Renewal Particulars   |                                  |
| 註冊中成藥名稱 Name of pCm  |                                  |
| 中成藥註冊編號 pCm Registration No.   | HKC - _ _ _ _ _                  |
| 有效日期至 (日／月／年) Valid until (DD/MM/YYYY)   | _ _ / _ _ / _ _ _ _              |
| 申請人聲明 Declaration  |                                  |
| <p>1. 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實事實的全部。<br/>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.</p> <p>2. 本人／公司明白遞交此申請書用以為中成藥註冊證明書續期，如本人／公司擬更改上述中成藥的註冊詳情，本人／公司會向中藥組另行提出更改註冊詳情的申請，以待批准。<br/>I / our company understand that submission of this application is for the renewal of registration of pCm. If I / our company propose to vary the registered particulars of the pCm, I / our company will apply to the Chinese Medicines Board for the approval.</p> |                                  |
| .....  | .....                            |
| 公司負責人* 簽署<br>Signature of the person-in-charge* of the company   | 聯絡電話<br>Contact telephone number |
| .....  | .....                            |
| 公司負責人姓名 (正楷)<br>Name of person-in-charge (block letters)   | 公司蓋章<br>Company chop             |
| .....  | .....                            |
| 職位<br>Position   | 日期<br>Date                       |

\* 公司負責人需為申請公司的東主、合夥人或董事。 Person-in-charge of the company should be the owner, partner or director.

【註：以上資料乃申請人提供作申請中成藥註冊續期參考之用，其真實性尚有待證實。 Note: The information is provided by the applicant for reference purposes in connection with an application for renewal of registration of pCm. The authenticity of these information is subject to verification.】