1 機構名稱 Organisation Name
機構英文名稱
Organisation Name in English: ________________________________________________
機構中文名稱
Organisation Name in Chinese: ______________________________________________

2 機構註冊資料 Organisation Registration Details
商業登記證編號
Business Registration Certificate No.: _____________________________________________
公司註冊證編號
Certificate of Incorporation No.: ________________________________________________

3 機構地址 Organisation Address
□ 香港 □ 九龍 □ 新界
Hong Kong Kowloon New Territories

4 獲授權代表資料 Particulars of Authorised Representative
□ 先生 Mr. □ 女士 Ms.
英文姓名: ____________________________
Name in English (姓 Surname) (名 Given Name)
職銜 Title: __________________________ 辦公室電話 Office Tel.: ________________________ 傳真 Fax: ________________________

*電郵 Email: ________________________ (*Email must be same as the Hongkong Post e-Cert's email address)

獲授權代表簽署 Signature of Authorised Representative
& 公司印章 Company Chop: __________________________
日期 Date: ____________________________

5 機構聯絡人資料 Particulars of Organisation Contact Person
Apart from the Authorised Representative, you may provide particular of a contact person of your organisation with whom aspects of this application will be communicated.

姓名 Name: ____________________________ □ 先生 Mr. □ 女士 Ms. 職銜 Title: ________________
聯絡電話 Contact Tel.: ____________________________ 電郵 Email: ____________________________
Statement of Purposes

Purpose Collection

1. This personal data are provided by applicants for the purposes of application for registration, licence and certificate under the Pharmacy and Poisons Ordinance, Dangerous Drug Ordinance and the Import and Export Ordinance. The personal data provided will be used by DH for the following purposes:

   (a) Proof of eligibility
   (b) Processing of applications for registration, licence and certificate

2. The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove your eligibility for registration, a licence or a certificate, or to process the relevant application.

Classes of Transferees

3. The personal data you provide are mainly for use within DH and the Pharmacy and Poisons Board. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

4. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

Enquiries

5. Enquiries concerning the personal data provided, including the making of access and corrections should be addressed to:

   Senior Pharmacist
   Drug Evaluation and Import/Export Division
   Drug Office, Department of Health
   Suite 2002-05, 20/F, AIA Kowloon Tower
   Landmark East, 100 How Ming Street
   Kwun Tong, Kowloon, Hong Kong

   Tel: 3974 4180

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