

致： 香港九龍觀塘
巧明街 100 號
Landmark East 友邦九龍大樓
20 樓 2002-05 室
衛生署
衛生署署長
(經辦人：總藥劑師)

To : Director of Health
(Attn.: Chief Pharmacist)
Department of Health
Suites 2002-05, 20/F
AIA Kowloon Tower, Landmark East
100 How Ming Street
Kwun Tong, Kowloon
Hong Kong

日期
Date _____

轉運許可證申請表格
Application for Diversion Licence
香港法例第 134 章危險藥物條例
Dangerous Drugs Ordinance, Cap. 134

申請機構名稱
Name of applicant _____

申請機構地址
Address of applicant _____

電話號碼
Telephone no. _____

傳真號碼
Fax no. _____

聯絡人姓名
Person to contact _____

出口許可證(請附上副本) _____ 編號
Export authorization (a copy of which to be attached herewith) (a) Number _____

簽發日期 _____ 簽發國家/地區
(b) Date of Issue (c) Issuing Authority _____

進口國家(請附上進口授權書的副本)
Importing country (a copy of import authorization to be attached herewith) _____

須轉運的危險藥物的名稱及數量
Name and quantity of
dangerous drug to be diverted _____

危險藥物進入香港所用的交通工具及班次
Means of transport by which the drug is brought into Hong Kong _____

抵港日期
Date of arrival in Hong Kong _____

危險藥物離開香港所用的交通工具及班次
Means of transport by which the drug is taken away from Hong Kong _____

離港日期及時間
Date and time of departure _____

包裝件數 _____ 包裝上的標記及號數
Number of packages Marks and numbers on packages _____

本機構謹此申請上述危險藥物的轉運許可證，藥物將由
We hereby apply for a Diversion Licence for the above dangerous drug to be diverted from

_____ (請詳述原本入口商 Please specify original consignee)

移走至
to _____
(請詳述入口商 Please specify consignee)

負責保管危險藥物人士簽署
Signature of person
in charge of dangerous drug: _____

公司印鑑
Company chop

姓名及職位
Name & position
of this person: _____