

PHARMACY AND POISONS ORDINANCE

(CHAPTER 138)

APPLICATION FOR REGISTRATION OF PREMISES UNDER SECTION 13

We _____ of _____
(Name of business)

(Address of business)

wish to apply for the registration under section 13 of the Pharmacy and Poisons Ordinance of the premises as set out in paragraph 1 of this application to conduct the retail sale of poisons at such premises.

1. Address of premises _____
2. Name of business at the premises _____
3. Business Registration No. _____
4. Telephone No. of the premises _____
5. Name of registered pharmacist in whose presence or under whose supervision the retail sale of poisons is conducted under section 11(1) of the Ordinance _____

In support of this application, we submit a copy of the certificate of registration of the pharmacist named in paragraph 5.

Signature _____

Full name of signatory _____

Signed on behalf of _____
(Name of business)

Date _____



CHECKLIST

Application for Registration of Premises of an Authorized Seller of Poisons

Please submit this checklist with the following documents. If you answer "No" to any questions below, please provide a written explanation. **Documents submitted must be stamped with name and address of the applicant company.**

- | <u>Have you submitted</u> | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| (1) A completed application form? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Copy of Business Registration Certificate? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) (a) For limited companies :
(i) Copy of Certificate of Incorporation <u>and</u>
(ii) Copy of Directors' List (e.g. "Form NAR1" from Companies Registry or for, newly formed limited companies, photocopy of a full set of "Form NNC1" or "Form NNC1G")? | } | <input type="checkbox"/> |
| <u>OR</u> | | |
| (b) For companies run by sole proprietorship :
Copy of "Form 1(a)" from the Business Registration Office? | | |
| <u>OR</u> | | |
| (c) For companies run by partnership :
Copy of "Form 1(c)" from the Business Registration Office? | | |
| (4) A list including names, in English and Chinese, Hong Kong Identity Card numbers, posts and qualifications of the sole proprietor/ partners/ director(s), the pharmacist, and all the western medicine staff? For Person-in-charge (PIC) and deputy PIC, please also provide statement of relevant working experiences. | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Signed statement of appointment of all western medicine staff members by the owner (i.e. the sole-proprietor or partner) or the director, indicating their positions in the applicant's company? | <input type="checkbox"/> | <input type="checkbox"/> |

- (6) A signed declaration by each owner (i.e. sole proprietor or partner) or director, the pharmacist and each western medicine staff member¹?
- (i) indicating whether he/she has been an owner, a director or an employee of other trader(s) of western medicines (i.e. importer/exporter, retailer, wholesaler or manufacturer) in the past three years.
- (ii) indicating whether he/she is being investigated/being prosecuted, or has any conviction, of drug-related offences in the past three years.
- (7) Testimonials from previous employer(s) certifying the above relevant working experience as stated by the sole proprietor/ partners/ director(s), the pharmacist, and all the western medicine staff in the declarations?
- (8) A signed declaration by limited company, where applicable, indicating whether it is being investigated/being prosecuted, or has any conviction, of drug-related offences in the past three years²?
- (9) Copy of the Certificate of Registration and current Practising Certificate of the registered pharmacist?
- (10) Floor plan of the Dispensary indicating the total area (e.g. dimension), and location(s) for the storage of pharmaceutical products, e.g. in the cockloft (if any), with declaration on if any controlled medicines will be stored other than in the dispensing room?
- (11) Floor plan of the Dispensing Room indicating the total area (e.g. dimension), and the fixtures and fittings (e.g. water supply facility, fridge, cabinets for controlled medicines) ?
- (12) Letter of opening hours of the Authorized Seller of Poisons and the attendance hours of the registered pharmacist?

¹ Please use Form DCR E01: Declaration by Sole Proprietor/ Partner/ Director/ Pharmacist/ Staff for the Application for Licence for Retail Traders

² Please use Form DCR E02: Declaration by Limited Company for the Application for Licence for Retail Traders

**Guidance Notes on Application for Registration of Premises under Section 13 of
Pharmacy and Poisons Ordinance (Cap. 138)**

These Guidance Notes are to facilitate the application for registration of the premises to conduct retail sale of controlled medicines as an Authorized Seller of Poisons.

2. Application form can be downloaded from the website of Drug Office at <http://www.drugoffice.gov.hk>, or obtained in person at the Licensing and Compliance Division of Drug Office during the following office hours:

Licensing and Compliance Division, Drug Office, Department of Health, Room 2001-2002, 20/F, Dah Sing Financial Centre, 248 Queen's Road East, Wan Chai, Hong Kong.	<u>Monday to Friday</u> 9:00 a.m. to 1:00 p.m. 2:00 p.m. to 5:45 p.m. (up to 6:00 p.m. on Monday) (Closed on Saturdays, Sundays & Public Holidays)
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3. The completed application form, together with the required documents indicated in the attached checklist, should be submitted in person or by post, to the above address; by fax to 3107 0221; or by digitally signed email certified by Hong Kong Post Certification Authority to pharmgeneral@dh.gov.hk. For any enquiries, please call 3107 3477.

4. Upon receipt of the completed application, interview will be arranged with the person-in-charge and the pharmacist to assess their knowledge and understanding of the relevant legislations and the “Code of Practice for Authorized Seller of Poisons” for operation of an Authorized Seller of Poisons. In addition, inspection will be conducted to assess whether the premises are suitable for conducting retail sale of controlled medicines. All applications will be submitted to the Pharmacy and Poisons Board for consideration.

5. In general, factors that would be taken into account when evaluating a new application as well as a renewal application include:

- Results of interview (for new application only);
- Results of inspection;
- Previous drug-related conviction(s), in particular those have significant impact to the public interest, registered against the applicant or the key personnel; and
- Previous disciplinary action(s) against the applicant or the key personnel.

6. The prescribed fee for registration of premises of an authorized seller of poisons is HK\$1,000. For successful application, notification of payment will be sent to the applicant by mail. Upon payment, a Certificate of Registration of Premises under Section 13 will be issued with an expiry date of 1st January of the following year. The certificate may contain conditions relating to the registration of the premises as the Board thinks fit.

7. The performance pledge of the Department of Health is that application will be approved within two months, subject to clean criminal and disciplinary history of the applicant and the key personnel, satisfactory assessment during first interview and satisfactory inspection during the first inspection at the premises.

8. Any applicant aggrieved by a decision of the Board in respect of the application may, in the prescribed manner, appeal against such decision to the Pharmacy and Poisons Appeal Tribunal.

9. An Authorized Seller of Poisons may apply to the Board for the certificate to be renewed. The Board may change condition previously imposed by it in respect of renewal. The annual renewal fee for the registration of premises as an Authorized Seller of Poisons is HK\$1,310.

10. These notes are only a general guide and must not be treated as a complete or authoritative statement of the law on any particular case. The Pharmacy and Poisons Ordinance and its subsidiary legislation can be downloaded from the website of the Department of Justice at <http://www.elegislation.gov.hk>, or be purchased by calling the Publications Sales Unit of the Information Services Department at 2537 1910 or by email to puborder@isd.gov.hk. The “Code of Practice for Authorized Seller of Poisons” can be downloaded from the website of the Board at <http://www.ppbhk.org.hk>, or obtained in person at the Board during the following office hours:

Pharmacy and Poisons Board,
1/F, Shun Feng International Centre,
182 Queen’s Road East,
Wan Chai, Hong Kong.
Tel.: 2527 8418
Fax: 2527 2277

Monday to Friday
9:00 a.m. to 1:00 p.m.
2:00 p.m. to 5:45 p.m.
(up to 6:00 p.m. on Monday)
(Closed on Saturdays, Sundays &
Public Holidays)

Statement of Purposes

Purpose of Collection

This personal data are provided by licence applicants for the purposes of application for licences under the Pharmacy and Poisons Ordinance, the Antibiotics Ordinance and the Dangerous Drugs Ordinance. The personal data provided will be used by DH for the following purposes:

- (a) Proof of eligibility for a licence
- (b) Assessment of whether the applicant is a fit and proper person to be granted a licence

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 a licence, or to assess whether you are a fit and proper person to be granted a licence.

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
Licensing and Compliance Division
Drug Office
Department of Health
Room 2001-2002, 20/F,
Dah Sing Financial Centre,
248 Queen's Road East,
Wan Chai, Hong Kong.
Tel: 3107 2196

**Declaration by Sole Proprietor/ Partner/ Director/ Pharmacist/ Staff
for the Application for Licence for Retail Traders**

I, _____ (HK ID No.: _____)
(Name)

am the *sole proprietor / partner / director / pharmacist / staff of _____
(Name of business)

at _____
(Address of business)

I would like to provide the following information in relation to the application for the
*Authorized Seller of Poisons/ Listed Seller of Poisons.

(* Delete whichever is inapplicable)

1. I have been an owner, a director or an employee of other trader(s) of western medicines, i.e. importer/exporter, retailer, wholesaler or manufacturer, in the past three years: (Please provide details regardless of whether the engagement is part-time in nature or whether the business is closed or not.)

No (Please "\/" in the appropriate box)

Yes #

(# If yes, please provide relevant details as follows:)

Company Name and Address	Position Held	Period	
		From (Month/Year)	To (Month/Year)

(Please use separate sheet if space is unavailable)

2. I am being investigated or am being prosecuted, of drug-related offence(s) in the past three years:

No (Please "√" in the appropriate box)

Yes #

(# If yes, please provide relevant details as follows:)

Date of Offence	Offence and Description	Involved Company Name and Address

(Please use separate sheet if space is unavailable)

3. I have conviction of drug-related offence(s) in the past three years:

No (Please "√" in the appropriate box)

Yes #

(# If yes, please provide relevant details as follows:)

Date of Conviction	Offence and Description	Involved Company Name and Address

(Please use separate sheet if space is unavailable)

I declare that the information given in this declaration is true, correct and complete. I understand that making false declaration will be liable to criminal prosecution.

Signature: _____

Name in Block Letters: _____

Date: _____

**Declaration by Limited Company
for the Application for Licence for Retail Traders**

I, _____, (HKID No.: _____)
(Name)

(Position : _____) on behalf of _____
(Name of Limited Company)

(Business Registration Certificate No.: _____) would like to declare in

relation to the application for the *Authorized Seller of Poisons/ Listed Seller of Poisons that:

_____ **(1)***is /is not being investigated or being prosecuted and,
(Name of Limited Company),

(2)*has /does not have any conviction, of drug-related offence(s) in the past three years.

(Delete whichever is inapplicable)*

If yes, please provide relevant details as follows:

(1)	Date of Offence	Offence and Description
(2)	Date of Conviction	Offence and Description

(Please use separate sheet if space is unavailable)

I declare that the information given in this declaration is true, correct and complete. I understand that making false declaration will be liable to criminal prosecution.

Authorized Signature: _____

Name in Block Letters: _____

On behalf of _____
(Name of Limited Company)

Company Chop: _____

Date: _____