

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: _____

進口證明書申請表格
Application Form of Import Certificate
《危險藥物條例》(第 134 章)
Dangerous Drugs Ordinance, Cap. 134

進口人名稱

Name of Importer _____

進口人地址

Address of Importer _____

電話號碼

Telephone Number: _____

圖文傳真號碼

Fax Number: _____

電郵地址(如有) Email Address (if any): _____

*藥劑師姓名及註冊號碼／

*Name and Registration Number of Pharmacist/

危險藥物負責人姓名：

Name of Person in charge of Dangerous Drug: _____

擬進口的危險藥物的名稱和數量

Name and Quantity of Dangerous Drug

to be imported _____

供應人名稱

Name of Supplier _____

供應人地址

Address of Supplier _____

本人謹此申請上述危險藥物的進口證明書。進口該危險藥物是用作*製造／銷售／其他用途。(請註明)

I hereby apply for the issue of an Import Certificate in respect of the above-named dangerous drug. The dangerous drug will be import for *manufacturing/sale/others. (Please specify) _____

本人將會在 _____ 至 _____ 期間以*航運／空運貨物的方式直接由供應人進口該批託運貨物。本人明白，發出進口證明書的條件，是任何未經授權的代理人，不得參與進口的工作，而根據《危險藥物條例》第 19 條，違反此一條件，即屬犯罪。

I undertake to import the consignment direct from the supplier by *sea/air cargo during the period _____ to _____ I understand that the Import Certificate will be issued on the condition that no unauthorized agent(s) will be involved in the importation, and that contravention of this condition is an offence under section 19 of the Dangerous Drugs Ordinance.

本人謹附上以下文件（請填上勾號）：

I attach herewith copies of the following (please tick as appropriate):

- ☐ 該藥物的註冊證明書副本；
registration certificate of the drug;
- ☐ (若申請人並無獲發上述證明書)由證明書持有人發出的授權書副本；
(if the above certificate was not issued to the applicant) written authorization from certificate holder;
- ☐ 由衛生署署長發出的製造／供應危險藥物許可證副本；
licence to manufacture/supply dangerous drugs issued by the Director of Health;
- ☐ 購貨訂單或銷售合約副本（代製造商進口的危險藥物適用）。
Copy of purchase order or sales contract (for dangerous drug imported on behalf of a manufacturer).

公司蓋印
Company Chop

*註冊藥劑師／危險藥物負責人簽署
Signature of *Registered Pharmacist/
Person in charge of Dangerous Drug

*刪去不適用者

*Delete as appropriate.