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 衞生署 衞生署長 (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:		
Date.		

Person in charge of Dangerous Drug

進口許可證申請表格 **Application Form of Import Licence** 《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	
電話號碼	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:	
進口證明書號碼: Import Certificate Number	
請提供進口證明書的影印本副本 Please provide a copy	y of the Import Certificate issued
擬進口的危險藥物的名稱和數量 Name and Quantity of Dangerous Drug to be imported	
抵港日期 Date of Arrival *航運貨單/空運貨單號碼	
*Bill of Lading/Air Waybill Number	
*船隻名稱/航機編號 *Vessel Name/Flight Number	
供應人名稱 Name of Supplier	
供應人名稱 Address of Supplier	
本人謹此申請上述危險藥物的進口許可證 代理人,不得參與進口的工作,而根據《危險藥》 I hereby apply for the issue of an Import Li	。本人明白,發出進口許可證的條件,是任何未經授權的 物條例》第 19 條,違反此一條件,即屬犯罪。 cence in respect of the above. I understand that the Import thorized agent(s) will be involved in the importation, and that
八司李加	* * 计 III
公司蓋印 Company Chop	*註冊藥劑師/危險藥物負責人簽署 Signature of *Registered Pharmacist/

^{*}刪去不適用者

^{*}Delete as appropriate.