

# Guidance on Application for Licence for Manufacturer of Pharmaceutical Products

## Introduction

Under the Pharmacy and Poisons Ordinance (Cap. 138), “manufacture” means (a) the preparation of pharmaceutical products, from purchase or acquisition of materials, through processing and packaging, to their completion as finished products for sale or distribution; or (b) the repackaging of pharmaceutical products as finished products for sale or distribution. “Manufacturer” has a corresponding meaning. It shall not include the individual dispensing on a prescription or otherwise of any pharmaceutical products.

2. This set of guidance notes does not apply to manufacturers solely engaged in secondary packaging operations of pharmaceutical products. Please refer to the separate guidance on the application for Licence for Manufacturer (Secondary Packaging) which is available at the website of the Drug Office (<http://www.drugoffice.gov.hk>).

3. Part 7 of the Pharmacy and Poisons Regulations relates to the licensing of pharmaceutical manufacturers. A person must not manufacture any pharmaceutical product on any premises unless he is the holder of a licence to manufacture pharmaceutical products on those premises.

4. A licensed manufacturer selling his own products by way of wholesale dealing does not require a wholesale dealer licence, but he shall comply with the requirements under Part 6 of the Regulations in the same way as a wholesale dealer.

5. The licensing authority is the Pharmacy & Poisons (Manufacturers Licensing) Committee (“the Committee”), an Executive Committee established under the Pharmacy and Poisons Board (“the Board”). When determining to grant a licence to manufacture pharmaceutical products, the Committee shall consider the follow criteria, but not limited to :-

- (a) pharmaceutical products are manufactured by or under the supervision of a registered pharmacist or a person approved by the Board;
- (b) at least one authorized person is employed to be responsible for ensuring and certifying that each batch of the pharmaceutical products has been manufactured and checked in accordance with the Good Manufacturing Practice (GMP) Guide<sup>1</sup>; and the registrable particulars of each batch of the pharmaceutical products correspond exactly with the registered particulars of the products;
- (c) proper labelling of pharmaceutical products manufactured;
- (d) premises used in the manufacturing, testing and dispatch of pharmaceutical products being suitable for the purpose;
- (e) adequate hygiene control of personnel and premises to avoid contamination of pharmaceutical products;
- (f) retention of a control sample and all related records;
- (g) compliance with the GMP Guide issued by the Board;
- (h) results of pre-licensing inspection, which is conducted for all new applications to evaluate whether the premises under application are fit for the licence purposes;
- (i) previous drug-related conviction(s), in particular those have significant impact to the public interest, of the applicant or his key personnel, if applicable; and
- (j) previous disciplinary action(s) against the applicant or his key personnel, if applicable.

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<sup>1</sup> Currently, the GMP Guide issued by the Board is the Guide to Good Manufacturing Practice for Medicinal Products (PE 009-11) published by the Pharmaceutical Inspection Co-operation Scheme (PIC/S)

6. The Committee may revoke a licence to manufacture pharmaceutical products or suspend it for a period it thinks fit, issue a warning letter, or vary a condition of the licence, if, in the Committee's opinion, the licensed manufacturer has contravened a condition of the licence or any of the regulations provided by the Pharmacy and Poisons Regulations, a code of practice applicable to the licensed manufacturer or the GMP Guide, or has been convicted of a drug-related offence.

## **Applications for licences to manufacture pharmaceutical products**

### *A. Expression of Intent and Submission of Proposal*

The Drug Office of the Department of Health is the executive arm of the Board and the Committee. Any company interested to apply for a licence to manufacture pharmaceutical products may express their intent in writing and submit a related project proposal for obtaining the approval, in principle, of the layout of the premises by the Committee. A letter of intent with the project proposal and supporting documents should be sent by post, by fax, by email or in person to the following address:

Manufacturers Regulatory Unit	<u>Monday to Friday</u>
Licensing and Compliance Division	9:00 a.m. to 1:00 p.m.
Drug Office	2:00 p.m. to 5:45 p.m.
Department of Health	(up to 6:00 p.m. on Monday)
Room 2550, 25/F, Wu Chung House,	<i>(Closed on Saturdays,</i>
213 Queen's Road East,	<i>Sundays &amp; Public Holidays)</i>
Wan Chai, Hong Kong.	
Tel.: 2961 8162 Fax: 3904 1225	
Email: <a href="mailto:gmp@dh.gov.hk">gmp@dh.gov.hk</a>	

2. During the planning stage of setting up new premises and facilities, the company should take into consideration of the "Explanatory Notes for Pharmaceutical Manufacturers on Preparation of Site Master File" in the PIC/S website (<http://www.picscheme.org>).

3. A meeting with the company may be held. The company should present specific information about the quality management policies and activities of the site, the production and/or quality control of pharmaceutical manufacturing operations carried out therein, and any closely integrated operations at adjacent and nearby buildings.

### *B. Requirements for Key Personnel*

At the stage of intent expression, the company may wish to provide personal particulars, qualification and working experience of the following key personnel for consideration:

- (a) the authorized person responsible for product release;
- (b) the head of production; and
- (c) the head of quality control.

2. The requirements for the 3 key personnel are specified in the "Guidance on Qualification, Experience, and Training Requirements for Authorized Persons and Other Key Personnel of Licensed Manufacturers in Hong Kong" which is available at the website of the Drug Office (<http://www.drugoffice.gov.hk>).

### C. Application for a Licence for Manufacturer

Upon completion of commissioning and qualification of the site and implementation of quality management system according to the requirements in the GMP Guide, the company may wish to apply for a licence to manufacture pharmaceutical products.

2. The completed application form (Appendix 1), the relevant completed checklist of supporting documents, together with supporting documents indicated in the checklist, should be submitted by post, by fax, by email or in person to the Manufacturers Regulatory Unit at the above address.

3. An inspection by pharmacist inspectors will be conducted at the company's premises. The application will be considered by the Committee. If approved, a licence valid for one year will be granted subject to the payment of the prescribed licence fee (currently \$2,680). The Committee may impose any conditions on the licence (for example: restricted to certain manufacturing operations or products in accordance with the competence of, and facilities available to, the manufacturer).

4. Any applicant aggrieved by a decision made by the Committee in respect of the applicant may, in the prescribed manner, appeal to the Pharmacy and Poisons Appeal Tribunal against that decision.

5. Any enquiries on matters related to licence application should be sent to the Manufacturers Regulatory Unit at the above address.

6. The performance pledge of the Department of Health is that applications will be approved within two months upon full compliance with the legal and licensing requirements.

### D. Application for a Certificate for Manufacturer

For the purpose of certifying a manufacturer is licensed and is subject to regular inspections which have shown that it follows the requirements of GMP, the Committee may issue to a licensed manufacturer a certificate for manufacturer.

2. An application must be made in writing on the same application form for a Licence for Manufacturer (Appendix 1).

3. A prescribed licence fee of \$2,020 is payable. The expiry date of the certificate is the same as that of the corresponding licence to manufacture pharmaceutical products.

## **Applications for licences to manufacture Dangerous Drugs**

Manufacturers of Dangerous Drugs are required to hold an additional licence issued by the Director of Health under the Dangerous Drugs Ordinance, Cap. 134.

2. The completed application form (Appendix 2) should be submitted by post, by fax, by email or in person to the Manufacturers Regulatory Unit at the above address.
3. The applicant shall nominate in writing at least one registered pharmacist to be in charge of dangerous drugs at the time of application. A copy of the Certificate of Registration and Practising Certificate of the registered pharmacist should be submitted together with the application.
4. On granting of a licence, a fee of \$1,540 is chargeable. The licence is valid until 1<sup>st</sup> January every year. An annual licence fee of \$1,540 is payable upon renewal.
5. The performance pledge of the Department of Health is that applications will be approved within two months upon full compliance with the legal and licensing requirements.

### Notes

1. 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.
2. Contents of the Pharmacy and Poisons Ordinance, the Dangerous Drugs Ordinance and their Regulations can be found at the Department of Justice's website <http://www.elegislation.gov.hk>.

**DEPARTMENT OF HEALTH  
DRUG OFFICE  
LICENSING & COMPLIANCE DIVISION**

Room 2550, 25/F, Wu Chung House,  
213 Queen's Road East, Wan Chai, Hong Kong.  
Tel.: 2961 8162 Fax: 3904 1225

**衛生署藥物辦公室  
牌照及監察科**

香港灣仔皇后大道東 213 號  
胡忠大廈 25 樓 2550 室  
電話: 2961 8162 傳真 : 3904 1225

**Application for Licence for Manufacturer of Pharmaceutical Products**

**藥劑製品製造商牌照申請書**

**FOR OFFICIAL USE ONLY**

(只供本署人員填寫)

Date: \_\_\_\_\_

Checked By: \_\_\_\_\_

**PART A 甲部**

**DETAILS OF APPLICANT 申請人資料**

Name of Business (In English): \_\_\_\_\_

商號名稱 (中文): \_\_\_\_\_

Address of Business 商號地址: \_\_\_\_\_

Name of Business at the premises (if different from above)

設在該處所的商號名稱 (如與上述不同): \_\_\_\_\_

Address of premises (if different from above) 處所地址

(如與上述不同): \_\_\_\_\_

Business Registration Number 商業登記號碼: \_\_\_\_\_

Email address 電郵地址: \_\_\_\_\_

Telephone No. of the premises 處所電話號碼: \_\_\_\_\_

Fax No. 傳真號碼: \_\_\_\_\_

Name of Person in charge of Business

(In English)

(in Chinese)

掌管業務的負責人姓名: \_\_\_\_\_

(英文)

(中文)

Post 職位: \_\_\_\_\_

\*Proprietor 東主/Partner 合夥人/Director 董事/Others, please specify 其他, 請註明

(\*Delete whichever is inapplicable 請將不適用的刪去)

**PART B 乙部**

**DETAILS OF KEY PERSONNEL 關鍵人員資料**

Name of Authorized Person

(In English)

(in Chinese)

獲授權人的姓名: \_\_\_\_\_

(英文)

(中文)

HK Identity Card No.

香港身份證號碼: \_\_\_\_\_

Telephone & Mobile No.

電話及手提電話號碼: \_\_\_\_\_

Registration No.

註冊號碼: \_\_\_\_\_

Name of Pharmacist(s) supervising production 監督生產的藥劑師姓名: (except advanced therapy products 先進療法產品除外)	(In English) (英文)	(in Chinese) (中文)
	HK Identity Card No. 香港身份證號碼:	
	Registration No. of Pharmacist 藥劑師註冊號碼:	
Name of Head of Production 生產部主管姓名:	(In English) (英文)	(in Chinese) (中文)
	HK Identity Card No. 香港身份證號碼:	
Name of Head of Quality Control 品質控制部主管:	(In English) (英文)	(in Chinese) (中文)
	HK Identity Card No. 香港身份證號碼:	

## PART C 丙部 PARTICULARS OF BUSINESS AND PRODUCTS 業務及產品詳情

### Scope of Business 業務範圍#:

- |  |  |
|--|--|
| <input type="checkbox"/> Manufacture of Active Ingredients<br>製造原料藥            | <input type="checkbox"/> Laboratory Testing 實驗室測試            |
| <input type="checkbox"/> Manufacture of Finished<br>Pharmaceutical Product 製成品 | <input type="checkbox"/> Physical & Chemical 理化分析            |
| <input type="checkbox"/> Manufacture of Intermediate or Bulk<br>製造中間產品或待包裝產品   | <input type="checkbox"/> Biological & Microbiological 生物及微生物 |
| <input type="checkbox"/> Primary Packaging 內包裝                                 | <input type="checkbox"/> Contract Manufacture 合約製造           |
| <input type="checkbox"/> Secondary Packaging 外包裝                               | <input type="checkbox"/> Contract Analysis 合約分析              |
| <input type="checkbox"/> Batch Release 批次放行                                    | <input type="checkbox"/> Local Distribution 本銷               |
|  | <input type="checkbox"/> Import 進口                           |
|  | <input type="checkbox"/> Export 出口                           |

### Nature of Products 產品性質#:

- |  |  |
|--|--|
| <input type="checkbox"/> For human use 供人類使用   | <input type="checkbox"/> Biological products 生物製品              |
| <input type="checkbox"/> For veterinary use 供禽畜使用                                      | <input type="checkbox"/> Advanced therapy products 先進療法產品      |
| <input type="checkbox"/> Penicillins 青霉素   | <input type="checkbox"/> Somatic cell therapy products 體細胞治療產品 |
| <input type="checkbox"/> Cephalosporins 頭孢菌素   | <input type="checkbox"/> Gene therapy products 基因治療產品          |
| <input type="checkbox"/> Cytotoxics 細胞毒素類  | <input type="checkbox"/> Tissue engineered products 組織工程產品     |
| <input type="checkbox"/> Hormones 激素   | <input type="checkbox"/> Investigational products 試驗用藥品        |
| <input type="checkbox"/> Vaccines 疫苗   | <input type="checkbox"/> Others (please specify)               |
| <input type="checkbox"/> Sterile products (terminally<br>sterilized) 無菌製劑 (最終滅菌)       | 其他〔請註明〕_____   |
| <input type="checkbox"/> Sterile products (aseptically<br>prepared) 無菌製劑 (以無菌操作<br>配製) |  |

**Dosage Forms of Products Manufactured 產品劑型#:**

- |   |  |
|---|--|
| <input type="checkbox"/> Tablets 片劑                               | <input type="checkbox"/> Rectal preparations 直腸用製劑               |
| <input type="checkbox"/> Capsules 膠囊劑                             | <input type="checkbox"/> Vaginal preparations 陰道用製劑              |
| <input type="checkbox"/> Granules 顆粒劑                             | <input type="checkbox"/> Ear preparations 耳道用製劑                  |
| <input type="checkbox"/> Oral powders 口服散劑                        | <input type="checkbox"/> Nasal preparations 鼻腔用製劑                |
| <input type="checkbox"/> Oral liquids 口服水劑                        | <input type="checkbox"/> Preparations for inhalations 吸入用製劑      |
| <input type="checkbox"/> External liquids 外用水劑                    | <input type="checkbox"/> Eye drops 滴眼液                           |
| <input type="checkbox"/> External powders 外用粉劑                    | <input type="checkbox"/> Injections 注射劑                          |
| <input type="checkbox"/> Creams & ointments 膏劑                    | <input type="checkbox"/> Large volume parenterals 大容量注射劑         |
| <input type="checkbox"/> Buccal & throat preparations<br>口腔及咽喉用製劑 | <input type="checkbox"/> Others (please specify)<br>其他〔請註明〕_____ |

**PART D 丁部 FOR ADDITIONAL WAREHOUSE ONLY 附加倉庫適用**

Address of Additional Warehouse \_\_\_\_\_

附加倉庫的地址: \_\_\_\_\_

Area of Additional Warehouse 附加倉庫的面積: \_\_\_\_\_ sq. m. 平方米

Business Registration Number 商業登記號碼: \_\_\_\_\_

Name of Person in charge of Additional Warehouse  
(In English): \_\_\_\_\_

掌管附加倉庫負責人姓名 (中文): \_\_\_\_\_

H K Identity Card No. 香港身份證號碼: \_\_\_\_\_ Post 職位: \_\_\_\_\_

**PART E 戊部 APPLICATION FOR CERTIFICATE FOR MANUFACTURER  
申請製造商證明書**

We also wish to apply for a Certificate for Manufacturer#

 Yes 是

我們欲同時申請製造商證明書#:

 No 否**PART F 己部 DECLARATION OF APPLICANT 申請人聲明**

We wish to apply for a Licence for Manufacturer under the Pharmacy and Poisons Ordinance.

We hereby declare that the information given in this application is true and correct.

我們欲根據《藥劑業及毒藥條例》申請製造商牌照。我們現聲明此申請書內所填報的資料，均全屬確實無誤。

Signature

申請人簽署: \_\_\_\_\_

Full name of Signatory

簽署人全名: \_\_\_\_\_

Position of the Signatory

簽署人職位: \_\_\_\_\_

Signed on behalf of

代表簽署商號: \_\_\_\_\_

Date

日期: \_\_\_\_\_

Company Stamp 公司蓋印

# 請在適當方格內加上“✓”號 Please insert a “✓” in the appropriate box  
(DO 12/2019)

**Licensing and Compliance Division  
Drug Office, Department of Health  
Information Sheet of Key Personnel of Pharmaceutical Manufacturers**

<b>Name of Manufacturer</b>			
<b>Position of key personnel*</b>	<input type="checkbox"/> Authorized Person	<input type="checkbox"/> Alternative Authorized Person	
	<input type="checkbox"/> Head of Production	<input type="checkbox"/> Alternative Head of Production	
	<input type="checkbox"/> Head of Quality Control	<input type="checkbox"/> Alternative Head of Quality Control	
<b>Name</b>	<b>(English)</b>		
	<b>(Chinese)</b>		
<b>HK Identity Card No.</b>		<b>Gender*</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Telephone No.</b>		<b>Mobile No.</b>	
<b>Is the key personnel a registered pharmacist**?</b>	<input type="checkbox"/> Yes (Reg. No.: _____ ) <input type="checkbox"/> No		
<b>Is the key personnel a registered authorized person*?</b>	<input type="checkbox"/> Yes (Reg. No.: _____ ) <input type="checkbox"/> No		
<b>Date of appointment to the present position</b>			
<b>Academic and professional qualifications</b>			
Qualification awarded	Awarding institution	Year awarded	
<b>Working experience</b>			
Name of employer	Position held	Period of employment	

\*Please tick if appropriate

<b>For office use only</b>			
Recognized previously	Yes / No	File ref:	
Previously recognized for	AP / HP / HQC	Date first recognized	

**CHECKLIST**

**Application for Licence for Manufacturer of Pharmaceutical Products**

Please submit this checklist with the following documents. If you have answered “No” to any question, please provide a written explanation.

<b><u>Have you submitted</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
(1) Completed application form?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Copy of Business Registration Certificate, Branch Registration Certificate, or tenancy agreement?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Copy of Business Registration Certificate, Branch Registration Certificate, or tenancy agreement of additional storage / warehouse (if any)?	<input type="checkbox"/>	<input type="checkbox"/>
(4) (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”)?		
<u>OR</u>		
(b) For companies run by sole proprietors :		
Copy of “Form 1(a)” from the Business Registration Office?	<input type="checkbox"/>	<input type="checkbox"/>
<u>OR</u>		
(c) For companies run by partners:		
Copy of “Form 1(c)” from the Business Registration Office?		
(5) A list including name(s) in English and Chinese, Hong Kong Identity Card number(s) and posts of sole proprietor/ partners/ directors and key personnel (i.e authorized person, head of production and quality control)?	<input type="checkbox"/>	<input type="checkbox"/>
(6) Completed form of “Information Sheet of Key Personnel of Pharmaceutical Manufacturers”? (Appendix 1A)	<input type="checkbox"/>	<input type="checkbox"/>
(7) Supporting documents for qualifications (including relevant academic/professional qualifications) of key personnel?	<input type="checkbox"/>	<input type="checkbox"/>
(8) Testimonial(s) of relevant working experience of key personnel issued by the employer(s) (with information such as years of service, position held and job descriptions)?	<input type="checkbox"/>	<input type="checkbox"/>

- (9) A signed declaration of each owner (i.e. sole proprietor or partner) or director, and key personnel 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, regardless whether the trader is still in business)? [If yes, please list out the relevant information, including the English name(s) of the trader(s) and the period involved]
- (10) Site Master File of the manufacturer (Please refer to “Explanatory Notes for Pharmaceutical Manufacturers on Preparation of Site Master File” in the PIC/S website)?
- (11) Floor plans showing name, number, dimensions and floor area of each room and allotted area, personnel flow, material flow, layout and to-scale dimensions of equipment/instruments (if applicable)?
- (12) Summary of changes from the proposal approved in principle (if applicable) by the Pharmacy & Poisons (Manufacturers Licensing) Committee, showing the level of change (e.g. critical, major, minor) and rationale for changes?
- (13) Commissioning and qualification documentation of the premises and related utilities?
- (14) Equipment qualification approach and timeline?

**DEPARTMENT OF HEALTH  
DRUG OFFICE  
LICENSING AND COMPLIANCE DIVISION**

Room 2550, 25/F, Wu Chung House,  
213 Queen's Road East, Wan Chai, Hong Kong  
Tel. 2961 8162 Fax: 3904 1225

衛生署藥物辦公室  
牌照及監察科

香港灣仔皇后大道東 213 號  
胡忠大廈 25 樓 2550 室  
電話 : 2961 8162 傳真 : 3904 1225

**Application for Licence to Manufacture Preparations of Dangerous Drugs**

**PART A DETAILS OF APPLICANT**

Name of Business (in English): \_\_\_\_\_

Name of Business (in Chinese): \_\_\_\_\_

Address of Business: \_\_\_\_\_

Name of Business at the Premises  
(if different from above): \_\_\_\_\_

Address of Premises  
(if different from above): \_\_\_\_\_

Business Registration Number: \_\_\_\_\_

Telephone No. of the Premises: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

**PART B PHARMACIST IN CHARGE OF DANGEROUS DRUGS**

**Applicant MUST nominate a registered pharmacist to be in charge of dangerous drugs.**  
(If more than one pharmacist is nominated, please provide information on a separate sheet)

Name of pharmacist in charge of dangerous  
drugs (in English): \_\_\_\_\_

Name of pharmacist in charge of dangerous  
drugs (in Chinese): \_\_\_\_\_ HK Identity Card No.: \_\_\_\_\_

Pharmacist Registration Number: \_\_\_\_\_

Position \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_

*Please submit a copy of the Certificate of Registration and Practising Certificate of the registered pharmacist(s).*

**PART C DECLARATION OF APPLICANT**

We wish to apply for a Licence to Manufacture Preparations of Dangerous Drugs under the Dangerous Drugs Ordinance. We hereby declare that the information given in this application is true and correct.

Signature: \_\_\_\_\_

Full Name of Signatory: \_\_\_\_\_

Position of the Signatory: \_\_\_\_\_

Signed on behalf of: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Company Stamp

## **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 2550, 25/F, Wu Chung House,  
213 Queen's Road East,  
Wan Chai, Hong Kong.  
Tel: 2961 8028