

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 \_\_\_\_\_

DEPARTMENT OF HEALTH  
DRUG OFFICE  
TRADERS LICENSING AND COMPLIANCE DIVISION

4A

Room 2550, 25/F, Wu Chung House, 213 Queen's Road East,  
Wan Chai, Hong Kong,  
Tel. 2961 8026 Fax: 3904 1225

**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.

<b><u>Have you submitted</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
(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 AR1" from Companies Registry or for, newly formed limited companies, photocopy of a full set of "Form NC1" or "Form NC1G")? <b><u>OR</u></b> (b) For companies run by sole proprietorship : Copy of "Form 1(a)" from the Business Registration Office? <b><u>OR</u></b> (c) For companies run by partnership : Copy of "Form 1(c)" from the Business Registration Office?	<input type="checkbox"/>	<input type="checkbox"/>
(4) A list including name(s) in English and Chinese, Hong Kong Identity Card number(s) and posts of the sole proprietor/ partners/ directors and staff?	<input type="checkbox"/>	<input type="checkbox"/>
(5) A signed declaration of each owner (i.e. sole proprietor or partner) or director, and each staff member 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 of whether the trader is still in business)? [If so, please list out the relevant information, including the English name(s) of the trader(s) and the period involved.]?	<input type="checkbox"/>	<input type="checkbox"/>
(6) Statement of qualifications and relevant experience of the sole proprietor/ partners/ directors and all staff members?	<input type="checkbox"/>	<input type="checkbox"/>

<b><u>Have you submitted</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
(7) Testimonials from previous employer(s) certifying the above relevant experience?	<input type="checkbox"/>	<input type="checkbox"/>
(8) Copy of the Certificate of Registration and Practising Certificate of the registered pharmacist?	<input type="checkbox"/>	<input type="checkbox"/>
(9) Floor plan of the Dispensary including the total area, name and address of the Dispensary stamped with the company chop?	<input type="checkbox"/>	<input type="checkbox"/>
(10) Floor plan of the Dispensing Room including the total area, name and address of the Dispensary stamped with company chop?	<input type="checkbox"/>	<input type="checkbox"/>
(11) Statement of each owner (i.e. the sole proprietor or partner) or director, and each staff member indicating whether he/she is being prosecuted or has any previous conviction both of drug-related offences [If so, please list out the details of the case]?	<input type="checkbox"/>	<input type="checkbox"/>
(12) Signed statement of appointment of all staff members by the owner (i.e. the sole-proprietor or partner) or director indicating their position in the applicant company?	<input type="checkbox"/>	<input type="checkbox"/>

## Pharmacy and Poisons Ordinance (Cap. 138)

### Guidelines for Application for Registration of Premises under Section 13

A company which wishes to conduct the retail sale of any poison must first obtain a Certificate of Registration of Premises under Section 13 of the Pharmacy and Poisons Ordinance.

2. Application forms for the above licence are available, free of charge, by downloading from the website [http://www.drugoffice.gov.hk/eps/root/en/healthcare\\_providers/news\\_informations/lic\\_guide\\_main\\_retail.html](http://www.drugoffice.gov.hk/eps/root/en/healthcare_providers/news_informations/lic_guide_main_retail.html) or in person during the following hours from:

Department of Health,	<u>Monday to Friday</u>
Drug Office,	9:00 a.m. to 1:00 p.m.
Traders Licensing and Compliance Division,	2:00 p.m. to 5:45 p.m.
Room 2550, 25/F, Wu Chung House,	(up to 6:00 p.m. on Monday)
213 Queen's Road East, Wan Chai,	<i>(Closed on Saturdays,</i>
Hong Kong	<i>Sundays &amp; Public Holidays)</i>
Tel. 2961 8022 Fax: 3904 1225	

3. The completed application form together with the relevant documents indicated in the attached checklist should be submitted by post, by fax (3904 1225), by digitally signed email certified by Hongkong Post Certification Authority ([pharmgeneral@dh.gov.hk](mailto:pharmgeneral@dh.gov.hk)) or in person to the above address.

In case electronic documents are being used for the application, please refer to web site : <http://www.drugoffice.gov.hk> and call 2961 8022 for details.

4. An interview will be arranged with the person in charge and pharmacist of the company. Questions based on the relevant legislations and “Code of Practice for Authorized Seller of Poisons” regarding the proper running of a business conducting the retail sale of poisons will be raised during the interview. Upon a successful interview, an inspection by a pharmacist inspector will be conducted at the company's premises. The application will be considered by the Pharmacy and Poisons Board. If approved, a Certificate of Registration of Premises under Section 13 will be issued.

5. Payment of prescribed fee HK\$1,000 will be required when the Certificate of Registration of Premises under Section 13 is ready for collection. Notification of payment will be sent by mail.

6. The performance pledge of the Department of Health is that applications will be approved within two months.

7. 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. Copies of the Pharmacy and Poisons Ordinance and its subsidiary legislation may be purchased by calling the Publications Sales Section of Information Services Department at 2537 1910 or by email at [puborder@isd.gov.hk](mailto:puborder@isd.gov.hk). Contents of the relevant legislation may also be found at the Department of Justice's website <http://www.legislation.gov.hk>. Copies of the "Code of Practice for Authorized Seller of Poisons" can be obtained in person during office hours, free of charge, from the above mentioned address of the Traders Licensing and Compliance Division of Drug Office or from the Pharmacy and Poisons Board at the following address:

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

## **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  
Traders 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: 3107 2196