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**OFFICIAL USE ONLY**

(不必填寫本欄)

**Date:**

**Ref. No.:**

**Checked By:**

**Application for Password  
Regeneration of e-PS Account**  
重發網上服務帳戶密碼申請書

**PART A 甲部                      DETAILS OF APPLICANT 申請人資料**

Name of Business in English

英文商號名稱

Name of Business in Chinese

中文商號名稱

Address of Business

商號地址

Business Registration No.

商業登記號碼

Email Address

電郵地址

Telephone No.

電話號碼

Fax No.

傳真號碼

**PART B 乙部                      LOGIN INFORMATION 登入資料**

Login ID

登入名稱

**PART C 丙部                      DECLARATION OF APPLICANT 申請人聲明**

I/We wish to apply for a password regeneration of the e-PS Account. I/We hereby declare that the information given in this application form is true and correct.

我/我們欲申請重發網上服務帳戶密碼。我/我們現聲明此申請書內所填報的資料，均全屬確實無誤。

Signature

簽署

Full Name of Signatory

簽署人全名

Signed on Behalf of

代表簽署商號

(Name of Business 商號名稱)

Date

日期

Company Stamp 公司蓋印

**CHECKLIST**  
**核 對 表**

**Application for e-PS Account**  
**網上服務帳戶申請書**

Please submit this checklist with the following documents in person or by post. If you have answered "No" to any question, please provide a written explanation.

請將此核對表連同下列文件一併提交。假如你對下述任何一項的答案是「否」，請附上書面解釋。

<b><u>Have you submitted</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
<b><u>你是否已經提交</u></b>	<b><u>是</u></b>	<b><u>否</u></b>
(1) A completed application form ? 已填妥的申請表一份？	<input type="checkbox"/>	<input type="checkbox"/>
(2) Copy of Business Registration Certificate ? 商業登記證影印本？	<input type="checkbox"/>	<input type="checkbox"/>