

致：香港九龍石硤尾
南昌街 382 號
公共衛生檢測中心 3 樓
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
3/F, Public Health Laboratory Centre,
Shek Kip Mei, Kowloon,
Hong Kong

日期
Date _____

移走許可證申請表
Application for Removal Licence
香港法例第 134 章危險藥物條例
Dangerous Drugs Ordinance, Cap. 134

申請機構名稱
Name of applicant _____

申請機構地址
Address of applicant _____

電話號碼
Telephone no. _____

傳真號碼
Fax no. _____

聯絡人姓名
Person to contact _____

出口許可證(請附上副本)
Export authorization (a copy of which to be attached herewith) _____

編號
(a) Number _____

簽發日期
(b) Date of Issue _____

簽發國家/地區
(c) Issuing Authority _____

進口國家(請附上進口授權書的副本)
Importing country (a copy of import authorization to be attached herewith) _____

須移走的危險藥物的名稱及數量
Name and quantity of
dangerous drug to be removed _____

危險藥物進入香港所用的交通工具及班次
Means of transport by which the drug is brought into Hong Kong _____

抵港日期
Date of arrival in Hong Kong _____

危險藥物離開香港所用的交通工具及班次
Means of transport by which the drug is taken away from Hong Kong _____

離港日期及時間
Date and time of departure _____

包裝件數
Number of packages _____

包裝上的標記及號數
Marks and numbers on packages _____

本機構謹此申請上述危險藥物的移走許可證，藥物將由
We hereby apply for a Removal Licence for the above dangerous drug to be removed from

(請詳述地點 Please specify place)

移走至
to _____

負責保管危險藥物人士簽署
Signature of person
in charge of dangerous drug : _____

姓名及職位
Name & position
of this person : _____

公司印鑑
