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(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。

<u>Have you submitted</u>	<u>Yes</u>	<u>No</u>
<u>你是否已經提交</u>	<u>是</u>	<u>否</u>
(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"/>