

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,
382 Nam Cheong Street,
Shek Kip Mei, Kowloon,
Hong Kong

日期：
Date: _____

申請進口許可證
Application for Import Licence
《危險藥物條例》(第 134 章)
Dangerous Drugs Ordinance, Cap. 134

進口人名稱
Name of Importer _____

進口人地址
Address of Importer _____

電話號碼
Telephone No. _____

圖文傳真號碼
Fax No. _____

*藥劑師姓名及註冊號碼
*Name and Registration No. of Pharmacist/

危險藥物負責人姓名：
Name of Person in charge of Dangerous Drug: _____

進口證明書號碼：
Import Certificate No. _____

擬進口的危險藥物的名稱和數量
Name and Quantity of Dangerous Drug
to be imported _____

抵港日期
Date of Arrival _____

*航運貨單 空運貨單號碼
*Bill of Lading/Air Waybill No. _____

*船隻名稱 航機編號
*Vessel Name/Flight No. _____

供應人名稱
Name of Supplier _____

供應人名稱
Address of Supplier _____

本人謹此申請上述危險藥物的進口許可證。本人明白，發出進口許可證的條件，是任何未經授權的代理人，不得參與進口的工作，而根據《危險藥物條例》第 19 條，違反此一條件，即屬犯罪。

I hereby apply for the issue of an Import Licence in respect of the above. I understand that the Import Licence will be issued on the condition that no unauthorized agent(s) will be involved in the importation, and that contravention of this condition is an offence under section 19 of the Dangerous Drugs Ordinance.

公司蓋印
Company Chop

*註冊藥劑師
危險藥物負責人簽署
Signature of *Registered Pharmacist/
Person in charge of Dangerous Drug