

Medical Council of Hong Kong

Transfer from the Resident List to the Non-resident List

If you wish to transfer your name from the Resident List to the Non-resident List of the General Register, you are required to :-

- (a) complete the application form attached;
- (b) complete the Data Form attached;
- (c) provide a copy of statutory declaration made before :-
 - (i) a barrister, a solicitor or a commissioner for oaths, if the applicant is resident in Hong Kong;
or
 - (ii) a notary public, if the applicant is resident outside Hong Kong

The content of the declaration should contain whether :-

- (i) you have/have not been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment;
- (ii) there is/is no criminal proceedings against you in progress at the moment, in Hong Kong or elsewhere.

Note : (if there is any such convictions/proceedings, full details must be enclosed with the application.

Applicants are warned that it is a criminal offence punishable by imprisonment to make a false declaration, and they must ensure the accuracy of all information provided.);

- (d) provide one recent passport-size photograph; and
- (e) provide a crossed cheque or banker's draft of HK665.00 made payable to "The Government of the Hong Kong Special Administrative Region" (HK\$345.00 being prescribed fee for the transfer and HK\$320.00 being annual fee for a registered medical practitioner resident outside Hong Kong).

[Fees subject to revision]*

Medical Council of Hong Kong

Application for Transfer from the Resident List to the Non-resident List of the General Register

[Note 1]

I hereby apply to the Medical Council of Hong Kong for the transfer of my name from the Resident List to the Non-resident List of the General Register.

I confirm that since my name was included in the General Register on _____ :

- (a) I have/have not* been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment [Note 2]; and
- (b) there is/is no* criminal proceedings against me in progress at the moment, in Hong Kong or elsewhere [Note 2].

Signature : _____

Name : _____

Registration No. : _____

Address : _____

Telephone No. : _____

Date : _____

* Please delete as appropriate

Note 1 : The application must be supported by a statutory declaration made before :-

- (a) a barrister, a solicitor or a commissioner for oaths, if the applicant is resident in Hong Kong; or
 - (b) a notary public, if the applicant is resident outside Hong Kong
- as to the truth of its contents.

Applicants are warned that it is a criminal offence punishable by imprisonment to make a false declaration, and they must ensure the accuracy of all information provided.

Note 2 : If there is any such convictions/proceedings, full details must be enclosed with the application.

Declaration

I,
of
solemnly and sincerely declare that :

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Ordinance.

Declared at
this day of 20.....

.....
(Signature of declarant)

Before me,

*Barrister/Solicitor
*Commissioner for Oaths
*Notary Public

* delete as appropriate

Note: Applicants are warned that it is a criminal offence punishable by imprisonment to make a false declaration, and they must ensure the accuracy of all information provided.

Please complete and return to Secretary, Medical Council at 17/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong.

The Medical Council of Hong Kong

Data Form

Registration No. (*if known*) : _____

Registered Name : _____
(*English*) (Chinese, if applicable)

HKID / Passport* No. : _____ Date of Birth : _____
(*dd/mm/yyyy*)

Address (to be recorded in the General Register) :

In English _____

In Chinese _____
(applicable for _____
Hong Kong _____
address) _____

Contact Telephone / Pager No. : _____

I * wish / do not wish to have my registered address published in the Medical Council's homepage.

* delete as appropriate