



《醫院、護養院及留產院註冊條例》(第 165 章)
重新註冊申請表
HOSPITALS, NURSING HOMES AND MATERNITY HOMES
REGISTRATION ORDINANCE (CAP. 165)
APPLICATION FOR RE-REGISTRATION

填寫本表格前，請參閱本申請表附件 1「註冊指引」及《私家醫院、護養院及留產院實務守則》。

Please refer to the "Registration Guide" in Annex 1 and the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes before filling in the form.

現謹根據《醫院、護養院及留產院註冊條例》(第 165 章)第 3(6)條的規定申請重新註冊。如為同一處所的醫院及留產院申請註冊，必須就每種用途個別提交申請表，但只須繳付一份註冊費。

Application for re-registration is hereby made for registration under Section 3(6) of the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165). If you wish to apply registration for a hospital and a maternity home located in the same premises, separate application forms for re-registration must be submitted but only one registration fee is required.

第一部分(甲) 擬列印於註冊證明書上的資料 (由衛生署提供)
Section I(A) *Information to be printed in the Certificate of Registration (Prepared by the Department of Health)*

註冊證明書類別：
Type of Certificate of Registration

持牌人中英文名稱：
Name of the Licensee in Chinese and English

醫院 / 護養院 / 留產院中英文名稱：
Name of the Hospital / Nursing Home / Maternity Home in Chinese and English

醫院 / 護養院 / 留產院中英文地址：
Address of the Hospital / Nursing Home / Maternity Home in Chinese and English

第一部分(乙) 擬列印於註冊證明書上的資料
Section I(B) Information to be printed in the Certificate of Registration

- (a) 本人 / 吾等謹確認 (請在適當的方格內加上「☑」號) :
I / we hereby confirm that (Please tick as appropriate)

- ☐ 第一部分(甲)所載之所有資料均正確無誤，無須更新
All information presented in Section I(A) is correct, no updating is required
- ☐ 第一部分(甲)所載之資料部分需作更新，詳情請參閱(b)部分
Some information presented in Section I(A) requires updating, please refer to (b) for details

- (b) 本人 / 吾等欲於註冊證明書更新以下的資料：
(請在適當的方格內加上「☑」號並提供更新的資料)
I / we would like to have the following updates in the Certificate of Registration
(Please tick as appropriate and provide the updated information)

- ☐ 持牌人英文名稱：
Name of the Licensee in English

- ☐ 持牌人中文名稱：
Name of the Licensee in Chinese

- ☐ 醫院 / 護養院 / 留產院英文名稱：
Name of the Hospital / Nursing Home / Maternity Home in English

- ☐ 醫院 / 護養院 / 留產院中文名稱：
Name of the Hospital / Nursing Home / Maternity Home in Chinese

- ☐ 醫院 / 護養院 / 留產院英文地址：
Address of the Hospital / Nursing Home / Maternity Home in English

- ☐ 醫院 / 護養院 / 留產院中文地址：
Address of the Hospital / Nursing Home / Maternity Home in Chinese

第二部分(甲) 持牌人如以公司 / 機構名義提出申請，請填報下開資料
Section II (A) Particulars to be completed if the licensee is a company / organisation

- (a) 持牌人所屬機構類別 (請在適當的方格內加上「☒」號，並根據附件 3 提供指定文件)：
Type of Organisation the Licensee belongs to (Please tick as appropriate and provide required item(s) as set out in Annex 3)
- | | | |
|------------------------------------|--------------------------------|-------------------------------|
| (i) 法定團體 Statutory Body | 是 Yes <input type="checkbox"/> | 否 No <input type="checkbox"/> |
| (ii) 有限公司 Incorporated Company | 是 Yes <input type="checkbox"/> | 否 No <input type="checkbox"/> |
| (iii) 慈善機構 Charitable Organisation | 是 Yes <input type="checkbox"/> | 否 No <input type="checkbox"/> |
- (b) 商業登記編號(如有)：
Business Registration Number (if any) _____
- (c) 公司註冊證明書編號(如有)：
Certificate of Incorporation Number (if any) _____
- (d) 公司 / 機構英文地址：
Address of the Company / Organisation in English

- (e) 公司 / 機構中文地址：
Address of the Company / Organisation in Chinese

- (f) 公司 / 機構電話號碼：
Telephone Number of the Company / Organisation _____
- (g) 公司 / 機構傳真號碼：
Fax Number of the Company / Organisation _____
- (h) 公司 / 機構電郵：
Email Address of the Company / Organisation _____
- (i) 獲公司 / 機構授權人士的英文全名：
Name of Authorised Person of Company / Organisation in English _____ 先姓後名 Surname first, then other names
獲公司 / 機構授權人士的中文全名：
Name of Authorised Person of Company / Organisation in Chinese _____ 先生 / 太太 / 小姐 / 女士 / 醫生*
獲授權人士在公司 / 機構的職位：
Position of Authorised Person in the Company / Organisation _____
獲授權人士電話號碼： _____ 獲授權人士傳真號碼： _____
Telephone Number of Authorised Person Fax Number of Authorised Person
獲授權人士電郵： _____
Email Address of Authorised Person

* 刪去不適用者
* (Delete as appropriate)

第二部分(乙) 持牌人如以個人名義提出申請，請填報下開資料 {參閱「註冊指引」(c)項}。
Section II (B) Particulars to be completed if the licensee is an individual {see (c) in the Registration Guide}

- (a) 持牌人的英文全名(須與香港身分證 / 護照所示姓名相同) :
Full Name of the Licensee in English (must be the same as shown on HKIC / Passport)
Mr / Mrs / Miss / Ms / Dr *

先姓後名 Surname first, then other names

- (b) 持牌人的中文全名(須與香港身分證 / 護照所示姓名相同) :
Full Name of the Licensee in Chinese (must be the same as shown on HKIC / Passport)

先生 / 太太 / 小姐 / 女士 / 醫生*

- (c) 香港身分證 / 護照* 號碼 : 國籍(只供持護照者填寫) :
HKIC / Passport* Number Nationality (for passport holder only)

- (d) 持牌人英文住址:
Residential Address in English

- (e) 持牌人中文住址:
Residential Address in Chinese

- (f) 英文通訊地址{如與以上(d)項不同}:
Correspondence Address in English {if different from (d) above}

- (g) 中文通訊地址{如與以上(e)項不同}:
Correspondence Address in Chinese {if different from (e) above}

- (h) 電話號碼 : (住宅)
Telephone (Residence)
Number (辦公室)
(Office)

- (i) 傳真號碼 :
Fax Number

- (j) 電郵 :
Email Address

- (k) 持牌人在醫院 / 護養院 / 留產院的職位:
Position Held by the Licensee in the Hospital / Nursing Home / Maternity Home

* 刪去不適用者
* (Delete as appropriate)

第三部分 持牌人聲明
Section III Declaration of Licensee

本人謹此聲明：
I declare that

據本人所知，本表格內所填報的資料均屬真確無訛。本人 / 吾等亦已閱讀及同意於附件 2 內之「收集個人資料聲明」。

The information in this application form is true and correct to the best of my knowledge. I / we have read and agreed with the “Personal Information Collection Statement” in Annex 2.

姓名：

Name

職位：

Position

簽署：

Signature

持牌人或獲持牌人授權的人士
Licensee or Authorised Person of the Licensee

持牌人印鑑 (如持牌人屬公司/機構)
Company Chop if the Licensee is a company / organisation

日期：

Date _____

* 刪去不適用者
* (Delete as appropriate)

註冊指引 Registration Guide

- (a) 《私家醫院、護養院及留產院實務守則》可在以下網頁下載：
http://www.dh.gov.hk/tc_chi/main/main_orphf/main_orphf.html
 The Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes can be downloaded from the following webpage:
http://www.dh.gov.hk/english/main/main_orphf/main_orphf.html
- (b) 持牌人或獲其授權的人士須填妥第一部分(乙)部分、第二部分(甲)或(乙)部分，以及第三部分。
 The licensee or authorised person of the licensee must complete Sections I(B), II(A) or II(B), and III.
- (c) 個人指自然人。
 Individual(s) means natural person(s).
- (d) 持牌人須向衛生署署長提交申請表於下列地址：－
 The licensee should submit the application form to Director of Health at the following address: -
 香港太古城太古灣道 14 號
 4 樓 402 室
 衛生署署長 (經辦人：私營醫療機構規管辦事處)
 (查詢電話：3107 8451)

 Director of Health (Attn.: Office for Regulation of Private Healthcare Facilities)
 Room 402, 4/F
 14 Taikoo Wan Road
 Taikoo Shing, Hong Kong
 (Enquiry Telephone Number : 3107 8451)
- (e) 持牌人須將申請表連同已填妥之附件 3「提交文件清單」及其提及的項目一併提交衛生署。
 The licensee should submit the application form to the Department of Health with duly completed Annex 3 “Checklist of Documents to be Submitted” and items as specified in Annex 3.
- (f) 如醫院及留產院位於同一處所，申請重新註冊時必須提交個別申請表，但只須繳付一份註冊費。
 If the hospital and maternity home are located in the same premises, separate application forms must be submitted for re-registration but only one registration fee is required.

收集個人資料聲明

Personal Information Collection Statement

收集資料的目的

Purpose of Collection

1. 當衛生署向申請人提供服務及進行其他有關活動時，申請人所提供的個人資料，會由衛生署作以下用途：
The personal data are provided by applicants with whom the Department of Health (DH) interacts in the delivery of services, and other related activities. The personal data provided will be used by DH for the following purposes:-
 - (a) 處理重新註冊為醫院、護養院及留產院的申請
Processing the applications for re-registration of Hospitals, Nursing Homes and Maternity Homes;
 - (b) 紀錄
Recording;
 - (c) 統計
Preparing statistics;
 - (d) 於法律程序上作參考
Using as reference in legal proceedings.

接受轉介人的類別

Classes of Transferees

2. 你所提供的個人資料，主要由本署內部使用，但亦可能於有所需要時，因以上第1段所列目的向其他政府部門或有關人士披露。此外，資料只可於你同意作出該種披露或作出該種披露是《個人資料(私隱)條例》所允許的情況下，才向有關方面披露。
The personal data you provided are mainly for use within DH but they may also be disclosed to other Government bureaux/departments or relevant parties for the purposes mentioned in paragraph 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

查閱個人資料

Access to Personal Data

3. 根據《個人資料(私隱)條例》第18條及22條以及附表1第6原則所述，你有權查閱及修正個人資料，包括有權取得你於以上第1段所述情況下所提供的個人資料。應查閱資料要求而提供資料時，可能要徵收費用。
You have the right of access and correction with respect to your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

查詢

Enquiries

4. 有關所提供個人資料(包括查閱及修正資料)的查詢，應送交：
Enquiries concerning personal data provided, including the making of access and corrections, should be addressed to:

香港太古城太古灣道14號
4樓402室
衛生署
私營醫療機構規管辦事處
高級行政主任(私營醫療機構)
(電話查詢：3107 8451)
Senior Executive Officer (PHF)
Office for Regulation of Private Healthcare Facilities
Department of Health
Room 402, 4/F
14 Taikoo Wan Road
Taikoo Shing, Hong Kong
(Enquiry Telephone Number : 3107 8451)

提交文件清單
Checklist of Documents to be Submitted

請在適當的方格內加上「☑」號並提供指定的項目
Please tick as appropriate and provide the required items

適用於所有持牌人： Applicable to all Licensees:	
已填妥、簽署及蓋章的申請表 Completed application form which has been signed and stamped	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not submitted
抬頭祈付「香港特別行政區政府」的劃線支票以繳付訂明費用 A crossed cheque payable to “Government of HKSAR” for payment of the prescribed fee	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not submitted
由稅務局局長發出有關醫院/護養院/留產院的商業登記申請或商業登記證的副本 Copy of the Business Registration Application or Business Registration Certificate from the Commissioner of Inland Revenue in relation to the Hospital / Nursing Home / Maternity Home	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not submitted
適用持牌人屬公司 / 機構的情況： If the Licensee is a company / organisation:	
法定團體成立時所依據的法例副本 (如有) Copy of the ordinance(s) under which the statutory body was established (if any)	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not submitted <input type="checkbox"/> 不適用 N/A
由公司註冊處發出之公司註冊證明書副本 (如有) Copy of Certificate of Incorporation of the Licensee issued by the Companies Registry (if any)	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not submitted <input type="checkbox"/> 不適用 N/A
根據稅務局《稅務條例》第 88 條獲豁免繳稅的屬公共性質的慈善機構或信託團體的有效證明文件副本 (如有) Copy of valid document to proof any charitable institution or trust of a public character, which is exempted from tax under section 88 of the Inland Revenue Ordinance (if any)	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not submitted <input type="checkbox"/> 不適用 N/A
由稅務局發出之有效商業登記證副本 (如有) Copy of valid Business Registration Certificate of the Licensee issued by the Inland Revenue Department (if any)	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not submitted <input type="checkbox"/> 不適用 N/A
適用持牌人屬個人的情況： If the Licensee is an individual :	
香港身份證或護照副本 (文件有更新時方需遞交) Copy of HKID card or passport (Only applicable when there is update)	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not submitted <input type="checkbox"/> 不適用 N/A