

Please complete and return to Secretary, Pharmacy & Poisons Board at 17/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.

**THE PHARMACY & POISONS BOARD OF HONG KONG**  
**DATA FORM**

*(Data to be recorded in the Registrar of Pharmacist)*

Name : \_\_\_\_\_  
(English) (Chinese, if applicable)

HKID/Passport\* No. : \_\_\_\_\_ Sex\* :  M/F

Date of Birth : \_\_\_\_\_

Address : \_\_\_\_\_  
(in both Chinese & English) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Telephone/Pager No. : \_\_\_\_\_

Qualifications : \_\_\_\_\_  
(in both Chinese & English) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am/am not\* interested in using the Autopay facility for payment of my annual practicing fee (if yes, please complete the Autopay Authorization Form).

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