

香港特別行政區政府
除害劑條例(香港法例第 133 章)

THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION
PESTICIDES ORDINANCE, CAP.133

除害劑牌照申請表
(請填一式兩份)
APPLICATION FOR PESTICIDES LICENCE
(To be completed in duplicate)

第 I 部: 一般資料
PART I: GENERAL INFORMATION

| | |
|--|--------------------|
| 公司名稱 Name of Company | |
| 公司地址 Company Address | |
| 負責人姓名 (中文及英文) Name of Responsible Person (Eng. & Chin.) | *先生/女士 *Mr./Ms. |
| *身分證/護照 號碼 *Identity Card/Passport No. | |
| 電話/傳真號碼/電郵 Phone/Fax number/E-mail | |
| 通訊地址 (如與上不同) Correspondence Address (If different) | |

* 請刪去不適用的項目 Delete where not applicable

本人現申請除害劑牌照，其詳細資料如下：。

I hereby apply for a Pesticides Licence. The detailed information is marked below :

| | 第 I 部 Part I | 第 I 部和 第 II 部** Part I & II | 樓宇地址 Address of Premises |
|-----------------------------------|-----------------|-----------------------------------|-----------------------------|
| 1. 進口/供應 Import/Supply | | | |
| 2. 零售 Retail | | | |
| 3. 貯存 Storage [‡] | | | |
| 4. 製造 Manufacture [‡] | | | |
| 5. 再包裝 Repackage [‡] | | | |

** 請在適當的空格內加上✓號 Please tick appropriate box(es).

‡ 請填寫附頁 Please fill in the supplement.

第 II 部: 聲明
PART II: DECLARATION:

在申請此除害劑牌照時，本人明白

In applying for a Pesticides Licence, I understand that

1. 除害劑只有盛載在經批准之容器內始能在本地售賣或供應。
pesticides may be sold or supplied locally only in approved containers.
2. 除害劑必須按照除害劑規例正確地貼上標貼。
pesticides must be properly labelled in accordance with the Pesticides Regulations.
3. 售賣除害劑將受該除害劑註冊時之條件所限制。
the sale of a pesticide shall be subject to the conditions of registration of that pesticide.
4. 售賣除害劑將受該除害劑牌照之條件所限制。
the sale of a pesticide shall be subject to the conditions of the Pesticides Licence.

本人現呈交下列文件
I submit the followings:

- 商業登記証影印本 Photocopy of Business Registration Certificate;
- 東主證明 Ownership Proof (只適用於無限公司 for unlimited company only).
- 劃線支票(抬頭 '香港特別行政區政府') Crossed cheque (payable to "THE GOV'T OF HKSAR")

如有任何查詢，歡迎致電 **2150 7007** 與本署職員聯絡。For enquiries, please contact our staff at **2150 7007**.

個人資料收集聲明
Personal Information Collection Statement

- 你所提供的資料將用作申請本署的除害劑牌照、許可證或註冊的有關事宜。
The information provided by you will be used for purposes relating to the application for Pesticides Licence, Permit or Registration in this department.
- 本署可能會將你的資料或部份資料提供給任何代理商、承包商或其他政府部門作統計或調查之用途。
The said information or any part thereof may be supplied by this department to any agent, contractor or other government departments for statistics or investigation purpose.
- 除個人資料(私隱)條例所訂明的豁免外，你有權查閱和改正你的個人資料。
Subject to exemptions under the Personal Data (Privacy) Ordinance, you have a right of access and correction with respect to your personal data.
- 查閱和改正個人資料的要求應以書面形式向漁農自然護理署署長提出，地址為九龍長沙灣道 303 號長沙灣政府合署 5 樓，同時請註明你在本署的檔案號碼。
Request for personal data access and correction should be addressed to Director of Agriculture, Fisheries and Conservation at 5/F., Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon. Please also quote your reference number in this department.

(公司負責人簽署)
(Authorised Signature of Responsible Person for and
on behalf of the Company)

(公司印鑑)
(Company Chop)

(職位)
(Position in Company)

(日期)
(Date)

只供漁農自然護理署職員填寫 For official use only ALIC: Ref.: () in AF GR PPR 01/ pt.

| | | | | | | |
|------------------------------|-----------|--|--------------|-----------|-------|-------|
| Correspondence address | Yes/No/NA | Recommendation: | _____ | _____ | _____ | |
| Signature | Yes/No | | Endorsement: | _____ | _____ | _____ |
| BRC copy | Yes/No | | | Approval: | _____ | _____ |
| ID Checked | Yes/No | | | | | |
| ID/Passport No. | () | | | | | |
| Name (Chin.) | _____ | | | | | |
| Name(Eng.) Mr/Ms | _____ | | | | | |
| Corporation | Yes/No | | | | | |
| Ownership Proof | Yes/No/NA | | | | | |
| Part (I/II) | _____ | | | | | |
| Type (EISLM) | _____ | | | | | |
| Satisfactory Inspection date | _____ | | | | | |
| | | Licence fee (\$_____) received on ____/____/____ Receipt No. _____ | | | | |
| | | Licence No. _____ mailed on _____ by _____ | | | | |