

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

許可證續期申請 APPLICATION FOR PERMIT EXTENSION
(請填寫一式兩份 To be completed in duplicate)

本人(負責人)

I (Responsible Person),

謹代表(公司名稱)
on behalf of (company)

位於(地址)
at (address)

電郵地址
E-mail Address

電話 / 傳真 號碼
Phone / Fax No.

/

現就除害劑許可証編號
hereby apply for extension of Pesticides Permit No.

申請續期六個月，由
for another 6 months with effect from

起生效。

1. 所需文件 REQUIRED DOCUMENTS

現夾附下列文件，以供續期之用 I enclose the following documents to support my application.

- 許可證正本以供加簽
The original permit for endorsement.
- 繳交續期費用共港幣 _____ (如用支票，請劃線，抬頭人「香港特別行政區政府」)
Payment for the extension fee of HK\$ _____
(Cheque should be crossed and made payable to 'The Government of the Hong Kong Special Administrative Region')
- 一份認證報表，列明由 _____ 至下開日期有關除害劑入口 / 供應 / 再出口 / 使用及其完整交易紀錄、存貨量。
A certified statement of complete transaction record & stock balance in respect of the import / supply / re-export / use of the relevant pesticide from _____ to the date.
- 有效的公司商業登記證影印本
A photocopy of the valid Business Registration Certificate(s).

2. 申請更改項目 (有更改才須填寫) APPLICATION FOR VARIATION (only to be completed if appropriate)

在申請續期的同時，本人擬一併更改除害劑許可證中的下述項目 (必須附同有關文件，如有效商業登記證影印本)

Concurrent with this extension request, I also apply for the following change(s) to the Pesticides Permit. (Relevant supporting document(s) such as a photocopy of the valid Business Registration Certificate must be provided.)

<input type="checkbox"/>	負責人 Responsible Person	改為 changes to	**先生 / 女士 **Mr. / Ms.	**香港身份證 / 護照 號碼 **H.K. ID Card / Passport No.:
<input type="checkbox"/>	地址 Address	改為 changes to		
<input type="checkbox"/>	其他 Other			

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

**請刪去不適用的項目 Please delete where appropriate.

3. 聲明 DECLARATION:

在申請此除害劑許可證續期時，本人明白倘若該申請獲批准，本人將要對此許可證負上責任，並且將要遵守許可證內所列出的全部規條。

In applying for extension of a Pesticides Permit, I understand that if this application is approved, I shall be responsible for the permit and shall comply with all the conditions set out on the permit.

(公司負責人簽署)

(Authorised signature of Responsible Person
for and on behalf of the company)

(日期) (Date)

(職位) (Position in Company)

(公司印鑑) (Company chop)

查詢請電 For enquiries please phone

2150 7008

只供漁農自然護理署職員填寫 For official use only

Collection code: 43

Ref. No.: PPA _____ Paid on _____ M/R No. _____

Original Pesticides Permit (No.: _____) is attached for action.

個人資料收集聲明

- 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。
- 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。
- 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。
- 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。

Personal Information Collection Statement

- The information provided by you will be used for purposes relating to the application for pesticides licence, permit or registration in this department.
- 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.
- Subject to exemptions under the Personal Data (Privacy) Ordinance, you have a right of access and correction with respect to personal data.
- 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.