



《私營醫療機構條例》(第633章) 醫院牌照申請  
Application of Hospital Licence  
under the Private Healthcare Facilities Ordinance (Cap. 633)

申請人聲明書  
Declaration by the Applicant

本人，\_\_\_\_\_ (姓名)(香港身分證號碼\_\_\_\_\_)  
獲\_\_\_\_\_ (申請人名稱)授權(註一)作為  
代表，根據《私營醫療機構條例》(第 633 章)為下述醫院提交牌照申請。

I, \_\_\_\_\_ (Name)(Hong Kong Identity Card  
Number \_\_\_\_\_), am authorized (Note 1) by  
\_\_\_\_\_ (Name of applicant) as a  
representative of the applicant to submit an application for a licence for the  
below-mentioned hospital under the Private Healthcare Facilities Ordinance (Cap. 633).

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(醫院的名稱/Name of the hospital)

2. 本人謹代表\_\_\_\_\_ (申請人名稱)聲明該公司/法人團體:-

I hereby declare on behalf of \_\_\_\_\_ (Name of applicant) that the company/body corporate –

(a) 除無須申報的罪行(註二)外，曾經/從未\*在香港或其他地方被裁定犯刑事罪行。(註三)

**has/has not\*** been convicted in Hong Kong or elsewhere of any criminal offence other than offences requiring no disclosure. (Notes 2 & 3)

(b) 曾經/從未\*被裁定犯《私營醫療機構條例》所訂罪行。(註三)

**has/has not\*** been convicted of an offence under the Private Healthcare Facilities Ordinance (Cap. 633). (Note 3)

- (c) 所營辦的私營醫療機構，曾經/從未\*在該公司/法人團體營辦期間，被衛生署署長暫時吊銷、撤銷或拒絕發出私營醫療機構的牌照，或暫停其提供的機構服務。(註四)

in respect of the private healthcare facilities it operates or operated, **have/ have not\*** had its licence suspended or cancelled or **have/have not\*** been refused a licence, or **have/have not\*** had its facility service suspended by the Director of Health during the period when the company/body corporate is or was operating the private healthcare facilities. (Note 4)

- (d) 只供公司/法人團體申請人現時/以前是其他營辦私營醫療機構的公司或法人團體的董事或高級人員填寫(請在適當的方格內加上「✓」號):

To be completed by company/body corporate applicant who is/was a director or officer of other company(ies) or body corporate(s) operating a private healthcare facility (please tick the box as appropriate):

- 申請人現時/以前是其他營辦私營醫療機構的公司或法人團體的董事或高級人員，而該公司/法人團體曾經/從未\*在申請人擔任董事或高級人員期間，被衛生署署長暫時吊銷、撤銷或拒絕發出私營醫療機構的牌照，或暫停其私營醫療機構提供的機構服務。(註五)

The other company(ies) or body corporate(s) in respect of which the applicant is/was a director or officer of a private healthcare facility operated by the company(ies) or body corporate(s) **has(have)/has(have) not\*** had its licence for private healthcare facilities suspended or cancelled or **has(have)/has(have) not\*** been refused a licence, or **has(have)/has(have) not\*** had a facility service in its/their private healthcare facilities suspended by the Director of Health during the period when the applicant is/was a director or officer. (Note 5)

- (e) (i) 只供公司申請人填寫:

To be completed by applicant which is a company:

是/不是\*已開始清盤或解散。

**has/has not\*** commenced to be wound up or dissolved.

- (ii) 只供並非公司的法人團體申請人填寫:

To be completed by applicant which is a body corporate other than a company:

是/不是\*已不再存在，或已停止進行任何業務。

**has/has not\*** ceased to exist or carry on any business.

3. 本人，並代表申請人承諾，如申請人於根據《私營醫療機構條例》領有私營醫療機構有效牌照的期間，除無須申報的罪行(註二)外，對於在香港或其他地方被裁定犯刑事罪行，本人/我們會於得悉被定罪後的1個月內將有關詳情(包括被裁定所犯罪行及刑罰的資料等)以書面通知衛生署私營醫療機構規管辦公室。

I, myself and on behalf of the applicant, undertake that if the applicant is convicted of a criminal offence other than an offence requiring no disclosure (Note 2) in Hong Kong or elsewhere while being a licensee of a private healthcare facility under the Private Healthcare Facilities Ordinance, I/we will notify the Office for Regulation of Private Healthcare Facilities of the Department of Health in writing the relevant details (including but not limited to the offence having been convicted of and the related sentence/penalties) within 1 month after becoming aware of the conviction.

4. 本人，並代表申請人，明白根據《私營醫療機構條例》(第 633 章)第 93 條的規定，任何人在申請中作出或填報在要項上屬虛假或具誤導性的陳述或資料，即屬犯罪。本人，並代表申請人，聲明據我們所知，上述填報的所有資料均屬真確無訛。另外，本人，並代表申請人，承諾和保證，關於不時就本申請向政府提供的所有相關資料及文件（不論是否我們管有），在各方面均屬真實、最新、準確及完整。

I, myself and on behalf of the applicant, understand that according to section 93 of the Private Healthcare Facilities Ordinance (Cap. 633), any person who furnishes in this application any statement or information that is false or misleading in a material particular, commits an offence. I, myself and on behalf of the applicant, declare that all information provided above is true and correct to the best of our knowledge. I, myself and on behalf of the applicant, also undertake and warrant that all information and documents (to be) provided to the Government from time to time in relation to the application (whether in our possession or not) are true, up-to-date, accurate and complete in all respects.

獲申請人授權的代表簽署

Signature of Authorized Representative of the Applicant

: \_\_\_\_\_

獲申請人授權的代表的姓名

Name of Authorized Representative of the Applicant

: \_\_\_\_\_

獲申請人授權的代表在有關公司/法人團體/醫院的職位

Position of Authorized Representative of the Applicant in the Company/Body Corporate/Hospital

: \_\_\_\_\_

電話號碼

Telephone No.

: \_\_\_\_\_

日期

Date

: \_\_\_\_\_

\*刪去不適用者

Delete as appropriate

- 註一 : 須提供獲申請人授權的有關證明文件。  
 Note 1 : Documentary proof to substantiate the authorization must be provided.
- 註二 : 無須申報的罪行是指根據《定額罰款(交通違例事項)條例》(第 237 章)、《定額罰款(刑事訴訟)條例》(第 240 章)、《定額罰款(公眾地方潔淨及阻礙)條例》(第 570 章)、《定額罰款(吸煙罪行)條例》(第 600 章)或《汽車引擎空轉(定額罰款)條例》(第 611 章)可處定額罰款的罪行，或在香港以外地方所犯的相類性質的罪行。  
 Note 2 : Offences requiring no disclosure are offences punishable by a fixed penalty under the Fixed Penalty (Traffic Contraventions) Ordinance (Cap. 237), the Fixed Penalty (Criminal Proceedings) Ordinance (Cap. 240), the Fixed Penalty (Public Cleanliness and Obstruction) Ordinance (Cap. 570), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) or the Motor Vehicle Idling (Fixed Penalty) Ordinance (Cap. 611), or offences of similar nature committed in a place outside Hong Kong).
- 註三 : 如曾經被裁定犯《私營醫療機構條例》(第 633 章)所訂罪行或須申報的刑事罪行，請於另頁提供詳情，包括所犯罪行、定罪日期及判刑等。  
 Note 3 : If has been convicted of an offence under the Private Healthcare Facilities Ordinance (Cap. 633) or any criminal offence requiring disclosure, please provide details including the offence committed, date of conviction, and the sentence, etc, in a separate sheet.
- 註四 : 如答案是肯定，請於另頁提供詳情，包括被暫時吊銷、撤銷或拒絕發出牌照，或暫停機構服務的日期及原因等。如屬被暫停機構服務，請簡述有關的機構服務。  
 Note 4 : If the answer is in the affirmative, please provide details, including date and reason for the suspension or cancellation of licence, refusal to issue licence, or suspension of facility service, etc in a separate sheet. For suspension of facility service, please briefly describe the facility service concerned.
- 註五 : 如答案是肯定，請於另頁提供詳情，包括有關公司/法人團體名稱，被暫時吊銷、撤銷或拒絕發出牌照，或暫停機構服務的日期及原因等。如屬被暫停機構服務，請簡述有關的機構服務。  
 Note 5 : If the answer is in the affirmative, please provide details, including name of the related company/body corporate and date and reason for the suspension or cancellation of licence, refusal to issue licence, or suspension of facility service, etc in a separate sheet. For suspension of facility service, please briefly describe the facility service concerned.
- 備註 : 就上述第 2(a), 2(b)及 3 段而言，即使正就有關犯罪紀錄的事件提出上訴，亦須於本聲明內申報。  
 Remarks : **In connection with the declarations of criminal records in paragraphs 2(a), 2(b) and 3 above, they should be reported under this declaration form even if the matter is under appeal.**