

**APPLICATION FOR DUPLICATE / CERTIFIED TRUE COPY OF CERTIFICATE OF
REGISTRATION / PRACTISING CERTIFICATE**

注册证书/执业准证副本/鉴定副本申请表

Note: All sections of the form must be completed. Incomplete form will not be processed.

所有的部分必须填妥，不完整的表格将不受理。

Please submit this application together with the original certificate (where applicable) and the prescribed application fees. 请将此申请书连同证书原件(如有的话)及申请费一起呈交。

- Application for duplicate of certificate of registration 申请注册证书副本
- Application for certified true copy of certificate of registration 申请注册证书鉴定副本
- Application for duplicate of practising certificate 申请执业证书副本

My Personal Particulars 我的个人资料:

Name (in English & Chinese): _____

中英文姓名

NRIC/FIN/Other Registered No. _____

NRIC/FIN/或其他注册号码

Tel (Home) / Fax (Home) / Handphone Nos. _____

住家电话/传真/手机号码

Email Address: _____

电邮地址

Home (NRIC) Address 住家地址: _____

_____ Postal Code: _____

My Practice Status 我的执业状况

I am working full time / part time* in private practice / charitable clinic / restructured hospital / private hospital.* 我在 私人诊所 / 慈善诊所 / 重组医院 / 私人医院* 全职 / 兼职* 执业。

Name of Practice Place (in English and Chinese) 执业地点中英文名: _____

Address of Practice Place 执业地址: _____

_____ Postal Code: _____

Tel (Office) 电话: _____ Fax (Office) 传真: _____

Appointment 职位: _____

My main area of TCM practice: General TCM / Acupuncture / TCM Gushang -Tuina *

我的主要执业范围: 中医普通科 / 针灸 / 中医骨伤推拿*

For those practice in Private Clinic, please confirm 在私人诊所执业者，请注明：

I am in solo practice / partnership practice / an employee *.

我是单独执业 / 合伙执业 / 受雇者 *。

Reason(s) for the application 申请原因 / For certified true copy of Certificate of Registration, please indicate place of display (including clinic name in English and Chinese and address) 申请注册证书鉴定副本者，请注明展示地点 (包括诊所中英文名称及地址)：

Note 注意：

If the certificate has been lost, destroyed, or defaced or becomes obliterated, the applicant must submit a statutory declaration of the loss or destruction together with this application. 如证书已经被遗失、销毁、损坏、涂抹等，申请者必须将有关证书的遗失或毁坏的法定声明书连同本申请书一起呈交。

I will pay by Cash / Cheque *.

我要以现款 / 支票 * 付费。

Date: _____

日期

Signature of TCM Practitioner: _____

中医执业者签名

** Please delete where applicable. *请划掉不适用之处。*

FOR OFFICIAL USE:

Checked by: _____

Payment Date: _____

Record updated by: _____

Date: _____