

## **Optometrists Board 視光師管理委員會**

**Application for Certified Copy of Certificate of Registration under  
Section 14(3) of Supplementary Medical Professions Ordinance (Chapter 359)**  
根據輔助醫療業條例(第 359 章)第 14(3)條提出申請註冊證明書核證副本 Note 1 註一

Name of Registrant 註冊人士姓名: \_\_\_\_\_

Registration No. 註冊編號: \_\_\_\_\_

HKID No. 香港身份證號碼: \_\_\_\_\_

No. of Copy Applied for 欲申請之副本數目 Note 2 註二: \_\_\_\_\_

I propose to practise and will display the certified copy of the Certificate of Registration at the following premise(s):-

本人擬於下列處所執業，須申請註冊證明書核證副本作展示之用：

	Address 地址 <small>Note 3 註三</small>	
(1)	English:	
	中文:	
(2)	English:	
	中文:	

Signature 簽署: \_\_\_\_\_

Date 日期: \_\_\_\_\_

Note 1 註一 The fee for each certified copy is stipulated in Schedule 3 of Optometrists (Registration and Disciplinary Procedure) Regulation (“the Regulation”). The completed application form should be submitted together with the original and copy of the certificate of registration in person to the Central Registration Office (“CRO”) at 17/F, Wu Chung House, 213 Queen’s Road East, Wanchai, Hong Kong (Tel. No.: 2961 8654). Optometrists may enquire with the CRO in respect of the payment method.

申請每份核證副本的費用於《視光師（註冊及紀律處分程序）規例》（下稱“規例”）訂明。視光師應親自帶同填妥之申請表格及註冊證明書之正本及副本，遞交至香港灣仔皇后大道東 213 號胡忠大廈 17 樓的中央註冊室（電話：2961 8654）。視光師可向中央註冊室查詢繳費方式。

Note 2 註二 As stipulated under section 4.2 in Part III of the Code of Practice, *application for more than **two** certified copies of Registration Certificate may be subject to investigation by the Optometrists Board to ensure that the Regulation is being complied with.* Optometrists who apply for more than **two** certified copies accumulatively are required to submit documentary proofs from their employers by using the attached form (**Form A**). Optometrists may enquire with the Secretariat to check their application record.

專業守則第 III 部第 4.2 條指出，視光師如申請兩份以上的註冊證明書核證副本，視光師管理委員會可進行調查，以確保有關申請符合規例。視光師如累計申請超過兩份核證副本，需遞交經由其僱主所填妥的證明表格（**表格一**）。視光師可向秘書處查詢其申請紀錄。

Note 3 註三 Optometrists may use separate sheet in the event that they need to fill in more than two addresses.

如視光師欲填報多於兩個地址，可另行書寫於白紙上。

Enquiry 查詢:	<b>Optometrists Board Secretariat</b> 2/F Shun Feng International Centre 182 Queen’s Road East Wanchai, Hong Kong  視光師管理委員會秘書處 香港灣仔皇后大道東 182 號 順豐國際中心 2 樓	Tel. No. 電話: (852) 2527 8363 Email 電郵: <a href="mailto:opb@dh.gov.hk">opb@dh.gov.hk</a>
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Section 14(3) of Supplementary Medical Professions Ordinance (Chapter 359)**  
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I confirm \_\_\_\_\_ (Name of the Applicant) (Registration No.: \_\_\_\_\_) is  
being employed by our Company and is / will be practising optometry at the following address(es):

本人謹證實 \_\_\_\_\_ (申請人姓名) (註冊編號: \_\_\_\_\_) 正受僱  
於本公司，現正／將於以下地址從事視光師專業：

	Address 地址 <small>Note 註</small>	
(1)	English:	
	中文:	
(2)	English:	
	中文:	

Signature 簽署: \_\_\_\_\_

Name 姓名: \_\_\_\_\_

Post Title 職銜: \_\_\_\_\_

Company Name 公司名稱: \_\_\_\_\_

Date 日期: \_\_\_\_\_

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Note 註 Please complete additional **Form A** should there be more than two addresses.  
如所涉地址多於兩個，請另行填寫額外的**表格一**並一併遞交。