

Mailing Check List

Documents to be sent:

- ☐ The completed “Application Form” (Appendix A) (with Part V – “Execution” duly signed)
- ☐ The completed “Authority for Payment to a Bank”(Appendix B) (with Part 2 - “Declaration” duly signed)
- ☐ The required documentary proofs, including
 - * Hong Kong Identity Card (copy)*#
 - * Valid practising certificate [except in the case of a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549)] (copy)*
 - * Address proof of the applicant, the medical organization and place(s) of practice (e.g. copy of public utilities bill or bank statement)*
 - * Business registration certificate of the medical organization (copy)*
 - * Bank account information document (e.g. ***certified true copy***^{Note} of bank correspondence showing the bank name, bank account number, name of the account holder) *

[Copies of documentary proof will not be returned to the applicant]

** Not required for Applicant who is an enrolled healthcare service provider under the Health Care Voucher Scheme, Vaccination Subsidy Scheme or Residential Care Home Vaccination Programme and has no change on the information already submitted.*

For applicant solely applies for enrolment in the Primary Care Directory, only copy of Hong Kong Identity Card is required.

Please send the documents, preferably by registered mail, to the respective office of the Department of Health:

For medical practitioners

Programme Management and Vaccination Division

2/F, 147C, Argyle Street, Kowloon

[For enquiries, please phone 2125 2125 or email vacs@dh.gov.hk]

For healthcare service providers in other professions

Health Care Voucher Division

Suites 901-4, 9/F, AXA Tower, Landmark East,

100 How Ming Street, Kwun Tong, Kowloon

[For enquiries, please phone 3582 4102 or email hcvd@dh.gov.hk]

^{Note} If the bank correspondence relates to the applicant, the copy must be certified by the applicant. If the bank correspondence relates to a medical organization, the copy must be certified by the authorised signatory of the medical organization appearing in “Part 2 – Declaration” of the “Authority for Payment to a Bank” Form.