To: **Registrar of Medical Practitioners**

c/o Central Registration Office

17/F., Wu Chung House, 213 Queen's Road East Wanchai, Hong Kong (**Fax No: (852) 2891 7946** / **(852) 2573 1000)**

_		A	pplication for Annu	ial Reten	tion Certific	ate for 2	025		
1.	I hereby apply for an annual retention certificate for the year 2025 in accordance with section 19A(4) of the Medical Registration Ordinance.								
2.	I declare that (see Notes 1 to 5):								
	* I have <u>never</u> been convicted imprisonment.				ng Kong or e	lsewhere) (of any offer	nce punishab	ole with
	* I <u>have been</u> convicted (in Hong Kong or elsewhere) of an offence punishable with in and:							iprisonment,	
		*	the conviction ha	s been re	ported to the	Medical C	ouncil. (See	e Note 4)	
		*	the conviction <u>ha</u> as follows (See N		en reported to	the Medica	al Council,		hich are
								(offence) (sentence)	١
								(1-46-)	onviction)
									on and court)
* Pleas	se tick (🗹) the box(e	s) where appropriate						
3.	I soler	nnly declar	e that all information	n provide	d with this ap	plication is	accurate, c	omplete and	l true.
	Signature			:					
Name # Registration Number # Telephone Number Email									
				:					
				:					
				:					
		Dat	e	:					
b fo <u>f</u>o	arcode) is or use. <u>I</u> or renewal	issued to <mark>Please ens</mark> lof reter	(bearing preprint n individual medical p sure that you wil ntion certificate. Office at (852) 2961 8	oractition <mark>I use th</mark> Should	he registered her personally he personal there be	medical pr v and thus application any futur	actitioner, not transfe on form i	registered n rable to oth i ssued to	number and a er practitioner you to apply
Notes f	or Completi	<u>ion</u>							
Note 1: It is a criminal offence to make a and accurate.				a false dec	laration. Applic	eants must er	sure that all	information p	provided is true
Note	Note 2: Any conviction of an offence punisi imprisonment was imposed. If not su reported. Conviction of an offence no			sure whether	er the offence is	punishable v	vith imprison		
Note	Note 3: Section 2(1) of the Rehabilitation o in certain situations) does not apply.		Offenders	Ordinance (whi	ich permits a	person not to	disclose his 's	pent' conviction	
Note	Note 4: The applicant may be requ		, , , , , , , , , , , , , , , , , , , ,	vide evide	nce of such repo	rt to the Medi	cal Council.		
Note	5:	Please use so	eparate sheet if the space p	provided is	insufficient.				
(Rev. 0	9/24)								