

**Application under section 6 of
Chiropractors Registration (Fees) Regulation (Cap. 428A, Laws of Hong Kong)**

Notes to Applicant

This form is for applying for the following Certificates:-

- (a) Certificate signed by the Secretary certifying that the name of a person has been entered in the register;
- (b) Certificate signed by the Secretary certifying that the name of a person has not been entered in the register;
- (c) Certificate signed by the Secretary certifying that the name of a person has been removed from the register; or
- (d) Certificate signed by the Secretary certifying that the name of a person has been ordered to be removed from the register

The prescribed fee for each copy of each of the above items is \$845. The completed application form and payment should be submitted to **Central Registration Office at 17/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong** (Enquiry Tel: 2961 8649).

For other enquiries, please contact the Secretariat of the Chiropractors Council at 2527 8363 or chiro-council@dh.gov.hk.

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Application Form

Part I

Name of Applicant:

Current / Former Chiropractor Registration No.
(if applicable):

HKID No. / Passport No.:

Correspondence Address:

Email:

Tel.:

Part II

I would like to apply the following Certificate under the Chiropractors Registration (Fees) Regulation: *(tick ONE of the following boxes)*

- (a) Certificate signed by the Secretary certifying that the name of a person has been entered in the register
- (b) Certificate signed by the Secretary certifying that the name of a person has not been entered in the register
- (c) Certificate signed by the Secretary certifying that the name of a person has been removed from the register
- (d) Certificate signed by the Secretary certifying that the name of a person has been ordered to be removed from the register

No. of Copy Applied for: _____

If the Certificate is to be issued to more than one organisation / address, please provide information of the other organisations / addresses in a separate sheet. Separate payment of the prescribed fee for each organisation / address is required.

Name of the local/overseas organisation: _____

Address of the local/overseas organisation: _____

Your application number:
(if applicable) _____

Signature : _____

Date : _____