

TRADITIONAL CHINESE MEDICINE PRACTITIONERS BOARD 中医管理委员会

81 Kim Keat Road #09-00, Singapore 328836

Enquiries: 6355 2488 Fax: 6355 2489 E-mail: enquiries@tcmpb.gov.sg

APPLICATION FOR CERTIFICATE OF GOOD STANDING (CGS)

申请良好行为证书

INSTRUCTIONS 指示

Application for CGS must be submitted online.

Applicant must complete all information required.

An application fee of \$60 (per CGS) must be paid together with the application online.

The applicant shall be responsible for cost of delivery of the CGS, whether locally or overseas.

申请良好行为证书必须上网提呈。

申请人必须填妥所有有关资料。

申请费每一证书 **S\$60** 必须在申请时一起上网缴交。

申请人必须负责证书在本地或外国的递送费。

The attached bilingual form is for reference. 附上双语表格供参考。

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APPLICATION FOR CERTIFICATE OF GOOD STANDING (CGS) 申请行为良好证书																
1.	Applicant's Name (in English) 申请人姓名(英文): _____															
2.	Applicant's Registration Number 申请人注册号码: _____															
3.	<input type="checkbox"/> I will require endorsement of additional form(s) from the Requesting Authority. I will be submitting the additional form(s) by: 我需要额外的证书给索取单位。我将通过下列方式提交另外的表格: <input type="checkbox"/> Mail 邮寄提交 <input type="checkbox"/> Hand 亲手提交															
4.	Reason for Application 申请理由: _____ _____															
5.	Depart to Country 前往国家: _____															
6.	Departure Date 离开日期: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Month</td> <td colspan="4" style="text-align: center; font-size: small;">Year</td> </tr> </table>										Day	Month	Year			
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7.	Return Date 回来日期: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Month</td> <td colspan="4" style="text-align: center; font-size: small;">Year</td> </tr> </table>										Day	Month	Year			
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DETAILS OF REQUESTING AUTHORITY 索取单位详情																
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9.	<input type="checkbox"/> I declare that the particulars and information stated in this application are true, authentic and remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact. 本人仅此声明在本申请所呈报的资料及所附上的文件, 依本人所知和所相信, 截至本日均属正确, 本人没有隐瞒任何事实。															
	<input type="checkbox"/> I declare that I have not been charged with any offence in a court of law in any country for which the outcome is not yet known. 本人仅此声明本人不曾在任何国家的法律下面对尚未知后果的任何提控。															
	<input type="checkbox"/> I am also aware that it is a criminal offence to make any false statements and/or to provide any false information to the Traditional Chinese Medicine Practitioners Board. 本人也知道向中医管理委员会提供任何不属实的宣言、信息或文件给中医管理委员会是犯法的。															

Applicant's Signature 申请人签名

Date 日期