

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: TCMPB@spb.gov.sg

**APPLICATION FOR REPRINT OF
REGISTRATION CERTIFICATE / PRACTISING CERTIFICATE**

申请注册证书 / 执业准证副本 / 鉴定本

INSTRUCTIONS 指示

Application for reprint(s) of Registration Certificate (RC) / Practising Certificate (PC) must be submitted online. Application fee (S\$50 per certificate) must be submitted with the application online.

申请 RC/PC 副本必须上网呈交。申请费 (每份证书 S\$50) 必须在申请时一起上网缴交。

Please take note 注意事项:

- a) For case of **lost or destroyed certificate**, application must be supported with a statutory declaration.

对呈报证书/准证遗失或毁坏者, 申请时必须附上法定声明书。

- b) For case of **defaced certificate**, the defaced certificate must be surrendered to exchange for a new certificate.

对呈报证书被涂改者, 申请人必须交回被涂改的证书/准证以交换新的证书/准证。

- c) For case of **certified true copy of Registration Certificate** for display, applicant must present the original RC for duplication and certification. The applicant is required to report on place(s) for display.

对申请注册证书鉴证副本者, 申请人必须呈交注册证书原件以便复印及鉴证, 申请人也必须呈报展示地点。

Attached bilingual form is for reference. 附上双语表格以供参考。

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1.	Applicant's Name 申请人姓名 (英文): _____
2.	Applicant's Registration Number 申请人注册号码: _____
3.	Application for 申请目的: <input type="checkbox"/> Duplicate copy to replace Original Registration Certification 取代原注册证书的副本 <input type="checkbox"/> TCM Physician 中医师 <input type="checkbox"/> Acupuncturist 针灸师 <input type="checkbox"/> Duplicate copy to replace Original Practising Certificate 取代原执业准证的副本 <input type="checkbox"/> TCM Physician 中医师 <input type="checkbox"/> Acupuncturist 针灸师 <input type="checkbox"/> Certified True Copy of Registration Certificate 注册证书的鉴证副本 <input type="checkbox"/> TCM Physician 中医师 <input type="checkbox"/> Acupuncturist 针灸师
4.	Reason for Application 申请原因: <input type="checkbox"/> Lost 遗失 <input type="checkbox"/> Destroyed 损坏 <input type="checkbox"/> Defaced 涂改 <input type="checkbox"/> Others 其他原因 _____
5.	Additional Remarks (including place of display for certified True Copy of Registration Certificate) 其他注明 (包括注册证书鉴定本的展示地点): _____ _____

Applicant's Signature 申请人签名

Date 日期