



**Medical Device Control Office  
Department of Health**

**Medical Device Administrative Control System  
Application for the Listing of Local Manufacturers**

<i><u>For official use only</u></i>		
Date Received: _____	Application No.: _____	Officer: _____
Date Approved/Rejected: _____	Listing No.: _____	
Remarks: _____		
_____		
_____		

**Instructions for Applicant**

1. Please read the Statement of Purposes at the last page of this application form.
2. Please note that information included in those parts that are marked with asterisks (\*) may be included on The List of Local Manufacturers if this application is approved. The details will normally appear on The List of Local Manufacturers as they appear on this form. Where under an item both the prompts “in English” and “in Chinese” appear, the entry for that item shall be given in both languages wherever applicable such that they could be accordingly recorded on The List of Local Manufacturers for the reference of the public.
3. Please check the corresponding boxes in the “Encl.” column if any document is enclosed under respective indexes of the submission folder.
4. Submitted documents not in Chinese or English shall be accompanied by Chinese or English translations.
5. Please check the boxes as appropriate.
6. Please complete and sign the Undertaking.

Note	Particulars of Manufacturer		Encl.	
1001	Manufacturer's name*:	<i>in English</i>		
		<i>in Chinese</i>		
	Address*:	<i>in English</i>		
		<i>in Chinese</i>		
	No. of employees (for medical devices only) at the above address:			
	Website*:		Email:	
	Tel.:		Fax:	
	Manufacturing Sites (if different from the above)			
	Site No. 1			
	Address*:	<i>in English</i>		
<i>in Chinese</i>				

No. of employees (for medical devices only) at this manufacturing site:		
Site No. 2		
Address*:	<i>in English</i>	
	<i>in Chinese</i>	
No. of employees (for medical devices only) at this manufacturing site:		
Management Representative		
Name:	Position:	
Telephone:	E-mail:	
Fax:	Mobile phone:	
Deputy Management Representative		
Name:	Position:	
Telephone:	E-mail:	
Fax:	Mobile phone:	
<input type="checkbox"/> Copy of business registration certificate (with business registration number _____) is enclosed		(A1) <input type="checkbox"/>
Listed Scope of Manufacture* (This must not exceed the scope of certification stated in item 1002 below. If this application is approved, the Listed Scope of Manufacture as appears in the space below may be included, together with the name of the manufacturer, onto the List of Local Manufacturers.)		

1002	<p><u>Certified Quality Management System (QMS)</u></p> <p>(a) Standards with which the QMS complies:</p> <p><input type="checkbox"/> ISO13485:2003      <input type="checkbox"/> Others _____ (please specify)</p> <p><input type="checkbox"/> System certified by _____ (certification body), and a copy of the certificate is enclosed</p> <p>(b) For each of the standards with which the QMS complies, does the scope of certification of the QMS include design and development controls?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Remarks:</p>  <p>(c) Does the manufacturer outsource any process (e.g., design and development, manufacturing, warehousing, sterilization, etc.) of the QMS?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please indicate the outsourced processes below:</p>	(A2) <input type="checkbox"/>
1003	<p><u>Documented Procedures Established</u></p> <p><input type="checkbox"/> Complaints handling</p> <p><input type="checkbox"/> Reportable adverse incidents in Hong Kong (A copy of the documented procedure shall be submitted together with this application form.)</p> <p><input type="checkbox"/> Recalls (A copy of the documented procedure shall be submitted together with this application form.)</p>	(A3) <input type="checkbox"/>
1004	<p><u>Products of the manufacturer</u></p> <p>Please indicate the full range of medical device products of which the applicant is the manufacturer. (Please refer to Appendix 1 of Guidance Notes GN-01 for the classification rules for medical devices.)</p> <hr/> <p><input type="checkbox"/> Class I (Please indicate the Class I products below.)</p> <hr/> <p><input type="checkbox"/> Class II (Please indicate the Class II products below.)</p> <hr/> <p><input type="checkbox"/> Class III (Please indicate the Class III products below.)</p> <hr/> <p><input type="checkbox"/> Class IV (Please indicate the Class IV products below.)</p>	

## Undertaking by Applicant

Date: \_\_\_\_\_

To the Government of the Hong Kong Special Administrative Region (hereinafter “the Government”):

I/We have read the latest editions of the Guidance Notes GN-01 (with Appendices 1 to 5) and GN-08 (with Appendix 1) issued by the Department of Health in relation to the Medical Device Administration Control System (MDACS) and the listing of local manufacturers thereunder.

In consideration of the promise of the Government in section 5.3 of the Guidance Notes GN-08 to proceed with the processing of this application under the MDACS, I/we\*, \_\_\_\_\_

\_\_\_\_\_  
*[name and address of the Applicant],*

undertake, acknowledge and agree in favour of the Government as follows:

1. To the maximum extent permitted by law I/we agree to exempt, relieve, exonerate, indemnify and hold harmless, and to keep indemnified and harmless, as the case may be, the Government from and/or against any and all losses, claims, demands and proceedings (including but not limited to all costs, charges and expenses) whatsoever and howsoever suffered or incurred by, or made or issued against, the Government, as the case may be, by any third party in respect of any loss of or damage to any property or injury to or death of any person arising out of and/or relating and/or incidental to:
  - a. any act, neglect or default on my/our part or on the part of my/our employees or agents;
  - b. any defect in the design, material, workmanship or installation in relation to my/our medical device product or products;
  - c. any use of any of the information supplied by me/us or my/our employees or agents in relation to this application or to my/our medical device product or products, whether or not such information has materially contributed to the inclusion of the applicant on the List of Local Manufacturers or the inclusion of any of my/our product or products on the List of Medical Devices and whether or not such information is misleading, wrong or inaccurate.
2. I/We also agree and accept that:
  - a. the Government, its employees or agents shall not be liable to me/us for any loss of or damage to property caused by the act, default or neglect of the Government or its employees or agents in the processing of my/our application, the inclusion or non-inclusion of any of my/our information and/or product or products on the Lists being maintained under the MDACS (including but not limited to the List of Local Manufacturers and the List of Medical Devices) or any cause whatsoever arising out of or in connection with the implementation and management of the MDACS;
  - b. neither the Government nor any of its employees or agents makes any representation, statement, warranty or guarantee, express or implied, that any of my/our products (including any spares or replacement parts), whether or not they are included on the List of Medical Devices, are of merchantable quality or are fit for the purposes for which they are commonly bought, used and/or applied and that the spares or replacement parts are readily available.
3. I/We undertake that the information contained in my/our application is true and correct and that my/our medical device product or products (including any spares or replacement parts) are of merchantable quality and are fit for the purposes for which they are commonly bought, used and/or applied.
4. I/We fully understand and agree that any future changes or additions to the requirements of the MDACS can be imposed by the Department of Health without prior notice. I/We hereby undertake to comply with the latest requirements of the MDACS that are in force.

5. I/We undertake that I/we have neither amended any wording in this form, nor otherwise altered the form in any material manner, apart from filling in the appropriate blanks / boxes.

Each of the provisions of this Undertaking is severable and distinct from the others and, if one or more of such provisions or any part thereof is or becomes illegal, invalid or unenforceable, the legality and enforceability of the remainder of this Undertaking shall not be affected or impaired in any way.

The Government shall be entitled to enforce any or all of its rights under this Undertaking.

This Undertaking shall be governed by and construed according to the laws of Hong Kong and the parties irrevocably submit to the non-exclusive jurisdiction of the Courts of Hong Kong.

As witness whereof, this Undertaking has been entered into the day, month and year first above written

SIGNED BY )  
 )  
\_\_\_\_\_ (name of Applicant or its representative\*) )  
\_\_\_\_\_ (position) )  
 )  
[for and on behalf of )  
 )  
\_\_\_\_\_ (name of Applicant) )  
(who hereby warrant(s) that the signatory above has )  
the authority to bind the above firm and the partners )  
therein for the time being / the above company\* to )  
this Undertaking)]# )  
 )  
in the presence of )  
 )  
\_\_\_\_\_ (name) )  
 )  
\_\_\_\_\_ (address) )

*\* Delete where appropriate*

*# Delete if the applicant is an individual*

**Personal Data (Privacy) Ordinance**  
**Statement of Purposes**

**1. Purpose of Collection**

The personal data that are provided by you in connection with this application or when you are in contact with the Department of Health (DH) in connection with matters related to the Medical Device Administrative Control System (MDACS) will be used by the DH for the management and implementation of the MDACS.

**2. Classes of Transferees**

The personal data you provide are mainly for use within the DH but they may also be disclosed to other Government bureaux/departments or relevant parties for the purpose mentioned in para. 1 above, and related matters if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where it is allowed under the Personal Data (Privacy) Ordinance.

**3. Access to Personal Data**

You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

**4. Enquiries**

Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to the Medical Device Control Office, Department of Health (~~18/F., Wu Chung House, 213 Queen's Road East~~Rm, Rm 3101, 31/F, Hopewell Centre, 183 Queen's Road East, Wanchai, Hong Kong; facsimile number: 3157 1286; telephone number: ~~2961 8788~~ 3107 8484). Please quote your application number when submitting the request.