

Mailing Check List

Documents to be sent:

- ☐ signed Application Form (Appendix A)
- ☐ signed Authority for Payment to a Bank form (Appendix B)
- ☐ copy of the Applicant's Hong Kong Identity Card*[#]
- ☐ certified true copy of bank account information (e.g. bank statement)*
- ☐ copy of the proof of correspondence address of the Applicant or Medical Organization (e.g. public utility bill)*
- ☐ copy of certificate of business registration or incorporation of the Medical Organization*

** Not required for Applicant who is an enrolled healthcare service provider under the Health Care Voucher Scheme, Vaccination Subsidy Scheme or Residential Care Home Vaccination Programme and has no change on the information already submitted.*

[#] For applicant solely applies for enrolment in the Primary Care Directory, only copy of Hong Kong Identity Card is required.

Please send the documents, preferably by registered mail, to the respective office of the Department of Health:

For medical practitioners

Programme Management and Vaccination Division

2/F, 147C, Argyle Street, Kowloon

[For enquiries, please phone 2125 2125 or email vacs@dh.gov.hk]

For healthcare service providers in other professions

Health Care Voucher Unit

1/F, Central District Health Centre

1 Kau U Fong, Central, Hong Kong

[For enquiries, please phone 3582 4102 or email hcvu@dh.gov.hk]