

繳款後，請沿虛線剪下並將有效的商業/分行登記證展示在營業地點。

Please cut along the dotted line after making payment and display the valid business/branch registration certificate at business address.

生效日期 Date of Commencement	屆滿日期 Date of Expiry	登記證號碼 Certificate No.	登記費及徵費 Fee and Levy
09/02/2023	08/02/2024	51807677-000-02-23-9	\$150 (登記費 FEE = \$ 0) (徵費 LEVY = \$150)

請注意下列《商業登記條例》的規定：
Please note the following requirements of the Business Registration Ordinance:

- 第 6(6)條規定任何業務獲發商業登記證或分行登記證，並不表示該業務或經營該業務的人或受僱於該業務的僱員已遵從有關的任何法律規定。
- 第 12 條規定各業務須將其有效的商業登記證或有效的分行登記證於每一營業地點展示。

繳款時請將此商業~~XXXX~~登記證及繳款通知書完整交出。在付款後，本繳款通知書方成為有效的商業/~~XXX~~登記證。(請參閱背頁繳款辦法所載內容。)
Please produce this certificate and demand note intact at time of payment. This demand note will only become a valid business ~~XXXX~~ registration certificate upon payment. (Please see payment instructions overleaf.)

機印所示登記費及徵費收訖。 RECEIVED FEE AND LEVY HERE STATED IN PRINTED FIGURES.

20201 06/02/23 26KNG 000056 CSH \$150.00 S

業務 / 分行名稱 Business / Branch Name	地址 Address	業務性質 Nature of Business	法律地位 Status
康鈞醫療有限公司 CONCORD MEDICAL LIMITED	FLAT/RM NO.9 BASEMENT SHING LEE COMMERCIAL BLDG 8 WING KUT ST SHEUNG WAN HK	INVESTMENT HOLDING	BODY CORPORATE

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