



**Hong Kong Boren Institute of Traditional Chinese Medicine**

**Partner Application Form of Hong Kong Boren  
Institute of Traditional Chinese Medicine**

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## **I. Basic Information Of The Applicant**

1. Name/Enterprise Name: \_\_\_\_\_

### **2. Contact information:**

• TELEPHONE: \_\_\_\_\_

• EMAIL: \_\_\_\_\_

• ADDRESS: \_\_\_\_\_

### **3. Application Category (Please tick):**

☐ Experts/Scholars in the Field of Traditional Chinese Medicine (Academic Qualification Certificate is required to be attached)

☐ Industrial Investors/Consortia (Enterprise Qualification and Capital Certificate are required to be attached)

☐ Professional Talents in Chinese Herbal Medicine Planting and Production (Certificate of Working Experience is required to be attached)

### **4. Application Cooperation Form (Multiple choices are available):**

☐ Equity Cooperation    ☐ Technical Shareholding

☐ Project Joint Venture    ☐ Strategic Agreement

## **II. Qualifications and Experience**

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Website: <https://www.xmbopo.com>

Xiamen Address: No. 120, Lingdou Erli, Siming District, Xiamen City

Hong Kong Address: Room 1205, Tai Sang Bank Building, 130 - 132

Des Voeux Road Central, Central, Hong Kong

Tel: 00852 - 2813 5007/18559585669

Contact Email: 2855274716@qq.com

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## **1. Experts/Scholars in Traditional Chinese Medicine**

- **Highest Academic Degree/Professional**

**Title:** \_\_\_\_\_

- **Professional Field (such as Internal Medicine of Traditional Chinese Medicine, Pharmacy, Acupuncture, etc.):**

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- **Practice Qualification Certificate Number (if applicable):**

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- **Main Scientific Research Achievements (Limited to 3 items):**

1). \_\_\_\_\_

2). \_\_\_\_\_

3). \_\_\_\_\_

Participate in formulating industry standards and promote the optimization and upgrading of the Chinese herbal medicine industry chain.

## **2. Industrial Investors/Consortia**

- **Enterprise Registration Place:** \_\_\_\_\_
- **Registered Capital:** \_\_\_\_\_
- **Investment Cases in the Past 3 Years (in the Field of Traditional Chinese Medicine/Healthcare):**

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1). Project Name: \_\_\_\_\_, Investment Amount: \_\_\_\_\_, Rate of Return: \_\_\_\_\_

2). Project Name: \_\_\_\_\_, Investment Amount: \_\_\_\_\_, Rate of Return: \_\_\_\_\_

### 3. Professional Talents in Chinese Herbal Medicine

- Years of Working Experience: \_\_\_\_\_

- Expertise Field (such as Planting, Processing, Quality Inspection, etc.): \_\_\_\_\_

- Leading Project Cases (Limited to 2 items):

1).ProjectName:\_\_\_\_\_,Achievements:\_\_\_\_\_

\_\_\_\_\_

2).ProjectName:\_\_\_\_\_,Achievements:\_\_\_\_\_

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### III. Cooperation Intentions and Plans

1. Brief Description of the Cooperation Direction (Within 200 words):

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## 2. Explanation of Resource Input:

- Capital: \_\_\_\_\_ Hong Kong Dollars
- Technology/Patents: \_\_\_\_\_
- Other Resources (such as land, channels, equipment, etc.):  
\_\_\_\_\_

3. Expected Cooperation Objectives (such as R & D achievements, market expansion, etc.): \_\_\_\_\_

## IV. Attachment List\*\* (Must be Submitted)

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### **Personal/Enterprise Qualification Certificate:**

☐ Identity Card/Passport    ☐ Business License of the Enterprise    ☐

### **Practice Certificate of Physician**

☐ Others: \_\_\_\_\_

- **Experience Certificate Documents:**

☐ List of Scientific Research Achievements    ☐ Investment Case Report

☐ Certificate of Planting Base    ☐ Patent Certificate

- **Supplementary Materials:**

\_\_\_\_\_

The expert committee of the Institute will evaluate the qualification and project fit.

### **V. Statement and Signature**

- **Applicant's Statement:**

I promise that the information filled in and the materials submitted are true and valid, and I agree that the Hong Kong Boren Institute of Traditional Chinese Medicine can review and file the materials.

- **Signature/Seal:** \_\_\_\_\_

- **Date:** \_\_\_\_\_

### **VI. Submission Method**

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**1. Scan the application form and attachments into a PDF file and send it to 2855274716@qq.com. The format of the email subject: "Partner Application - Category - Name/Enterprise Name".**

**2. The paper documents can be mailed to:**

**Room 1205, Tai Sang Bank Building, 130 - 132 Des Voeux Road Central, Central, Hong Kong**

**1). "Partner Application Form"**

**2). "Template of Traditional Chinese Medicine Project Cooperation Plan"**

**3). "White Paper on the Institute's Scientific Research Directions and Industrialization Planning"**

**Remarks:**

**The Institute will reply with the preliminary review result within 15 working days after receiving the application.**

**• For consultation or assistance in filling out the form, please contact: 00852 - 2813 5007/18559585669 (on working days from 9:00 to 18:00).**

**Hong Kong Boren Institute of**

**Traditional Chinese Medicine**

**October 2023**

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**Note\*\*:** This form is a basic template, and the content can be customized and refined according to specific cooperation needs.

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