



香港特别行政区政府海事处
MARINE DEPARTMENT
THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

发还视力测验费申请表
Application for Reimbursement of eyesight test cost

填写申请表前请参阅备注 Please read Notes before filling this form

第一部 Part 1

申请人数据
Particulars of Applicant

申请人姓名
Name of Applicant : _____

香港身份证号码 / 商业登记证号码 *
Hong Kong Identity Card No. / Business Registration Certificate No. *: _____

地址
Address : _____

电话号码
Tel. No. : _____

传真号码
Fax. No. : _____

电邮地址
E-mail Address : _____

第二部 Part 2

船只资料

Particulars of Vessel

已经实施《工作守则—第 I、II 及 III 类别船只安全标准（2013 年 11 月版）》第 XII 章第 10.2.1 节(iii)有关加强瞭望规定的船只的资料

Details of the vessel on which the additional look-out requirement as stipulated in Chapter XII, Section 10.2.1(iii) of the “Code of Practice—Safety Standards for Class I, II and III Vessels (November 2013 Edition)” has been implemented:

船只英文名称 Vessel Name in English	船只中文名称 Vessel Name in Chinese	所有权证书号码 Certificate of Ownership No.	船只载客人数 No. of passengers carried onboard	船东姓名 / 名称 Name of Ship Owner
_____	_____	_____	_____	_____

第三部 Part 3

船员资料

Particulars of Crew

向海事处申请发还视力测验费的本地海员的资料

Details of local seafarers whose eyesight test cost will be reimbursed by Marine Department:

	英文姓名 <u>English Name</u>	中文姓名 <u>Chinese Name</u>	香港身份证号码 <u>HKID Card No.</u>	申请发还视力测验费 的金额# <u>Amount applied for reimbursement for the eyesight test #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

总额
Total Amount : _____

第四部 Part 4

声明

Declaration

本人 / 本公司*为此申请表第二部所述船只的船东 / 经营人 (本人代其递交申请)* 兹证明第三部所述的人士为在该船上工作的本地海员。

I am/We are* the owner/the operator (on behalf of which I submit this application)* of the vessel whose particulars are given in Part 2 of this application form and I certify that the persons named in Part 3 are the local seafarers working onboard that vessel.

本人谨此声明, 本人 / 本公司*已在此申请表第二部所述的船只实施《工作守则—第 I、II 及 III 类别船只安全标准 (2013 年 11 月版)》第 XII 章第 10.2.1 节(iii)的规定, 并按规定在船上加强瞭望。

I hereby declare that in respect of the vessel named in Part 2 of this application form I have/my Company has* already implemented the requirements as stipulated in Chapter XII, Section 10.2.1(iii) of the “Code of Practice—Safety Standards for Class I, II and III Vessels (November 2013 Edition)” and provided additional look-out on the vessel as required.

本人声明, 就本人所知, 填写在此申请表上的数据 (包括提供的一切相关文件) 均属完整正确。本人知悉, 政府将依据本人提供的数据处理发还费用的申请。本人同意海事处为处理是次申请向任何政府政策局及部门或其咨询组织或机构发放任何在是次申请中提供的数据。

I declare that the information provided in this application form, including all the related documents provided, is complete and true to the best of my knowledge. I am aware that the Government will rely on the information provided by me to process my application for reimbursement. I give consent to the Marine Department to release any information provided in this application to any Government policy bureaux and departments or their advisory bodies or agencies for the purpose of processing this application.

本人明白, 如本人为取得发还款项明知或故意作出任何虚假陈述或隐瞒任何数据, 或以其他方式误导海事处, 会导致本人的申请无效。本人须全数偿付任何已发还的款项, 并会被检控。

I understand that if I knowingly or wilfully make any false statement or withhold any information, or otherwise mislead the Marine Department for the purpose of obtaining payments, it will render my application disqualified and render me liable to full repayment of any reimbursement already made and prosecution.

递交申请表人士签署

Signature of person who submits this application:

递交申请表人士姓名

Name of person who submits this application :

递交申请表人士职位 (适用于公司申请人)

Post title of the person who submits this application :
(applicable for company applicant)

日期

Date :

公司印章 (如适用)
Company Stamp
(if applicable)

*删去不适用者

*Delete as appropriate

每名船员的视力测验可申请发还港币 350 元或实际测验费用, 两者以较低者为准。

For each crew member the amount applied for reimbursement should be HKD350 or the actual amount for the eyesight test, whichever is less.

申请人在递交此申请表前须检查和核对所填写的数据。

Applicant shall check and verify the information given in this form before submission.

此申请表免费发给

THIS APPLICANTION FORM IS ISSUED FREE OF CHARGE

备注

填写申请表前请参阅以下备注。

每艘船只填写一份申请表。

除非另外注明，本申请表可用英文（正楷）或中文填写。

申请人应为载客超过 100 人的本地船只或本地高速船的船东或经营人。申请人可以是香港注册的公司或个别人士。个别本地海员的发还费用申请恕不受理。

所有发还费用的申请须于 2014 年 5 月 30 日或之前提交。申请人须在申请表上声明，于本申请表第四部填报的日期已经落实《工作守则—第 I、II 及 III 类别船只安全标准(2013 年 11 月版)》第 XII 章第 10.2.1 节(iii)的规定，即所有载客超过 100 人的本地船只在夜间或能见度较低时，须有一名船员协助船长进行瞭望工作，高速船则在正常航行的任何时间内，须有一名船员协助船长进行瞭望工作。任何于 2014 年 5 月 30 日后递交的申请均不受理。

申请表须连同下列文件亲身送交或邮寄至海事处本地船舶安全组（地址：香港中环统一码头道 38 号海港政府大楼 23 楼 2312 室）：

- (a) 视力测验费的正式收据，有关的视力测验必须在 2013 年 11 月 29 日至 2014 年 5 月 30 日期间进行（首尾两天包括在内）；
- (b) 由香港医务委员会注册医生或视光师管理委员会注册视光师签发的声明，证明有关的本地海员达到《本地合格证明书考试规则》第 4 章所述的视力标准；以及
- (c) 申请人如为有关船只的经营人，则须提交船东的书面证明，证明申请人是船只的经营人。

每宗申请的发还款项上限为每艘船五名船员及每次视力测验费港币 350 元。未能通过视力测验的船员，其视力测验费不会获发还。如视力测验属体格检查的一部分，则只有与视力部分有关费用可申请发还。

Notes

Please read the following notes before completing the form.

Each form shall be used for one vessel only.

Unless otherwise stated, this form could be completed in either English (block letters) or Chinese.

The applicant should be the owner or operator of a local vessel carrying more than 100 passengers or a local high speed craft. The applicant can be a Hong Kong registered company or an individual person. Application for reimbursement from an individual local seafarer will not be accepted.

All application for reimbursement shall be submitted not later than 30 May 2014. The applicant shall declare on the form that the requirements as stipulated in Chapter XII Section 10.2.1(iii) of the “Code of Practice – Safety Standards for Class I, II and III Vessels (November 2013 Edition)”, i.e. a local vessel carrying more than 100 passengers shall have a crew member to assist the coxswain in look-out during hours of darkness and in reduced visibility, and a high speed craft shall have a crew to assist the coxswain in look-out at all times during normal navigation, have been implemented as on the date entered under Part 4 of this application form. Any application submitted after 30 May 2014 will not be considered.

Applications may be submitted in person or by post to the Local Vessels Safety Section, Marine Department, Room 2312, 23/F, Harbour Building, 38 Pier Road, Central, Hong Kong. The application form should be accompanied by the following documents:

- (a) The original fee receipts of the eyesight tests, which must be conducted between 29 November 2013 and 30 May 2014 (both dates inclusive);
- (b) A statement signed by a medical practitioner registered with the Medical Council of Hong Kong or an optometrist registered with the Optometrists Board conducting the eyesight test attesting that the local seafarers have attained the eyesight standards as specified in Chapter 4 of the “Examination Rules for Local Certificates of Competency”; and
- (c) If the applicant is the operator of the vessel concerned, a written proof by the owner that the applicant is the operator of the vessel.

The reimbursement for each application will be subject to a maximum of five crew members per vessel and HK\$350 per eyesight test. The costs of failed eyesight tests will not be reimbursed. If an eyesight test is a part of a medical check, only the cost of the part related to the eyesight will be counted for reimbursement.

每艘船只可申请发还费用一次，每名本地海员亦只可申请发还视力测验费一次。连同申请表提交的视力测验费正式收据须载有以下资料：接受视力测验人士的姓名、进行视力测验的日期及缴付金额。

申请人所提供的数据会用作申请发还视力测验费，并可能送交获授权处理有关资料的政府政策局、部门或机构以便进行与申请有关的事宜。

申请人必须提供所需数据。请确保申请表各部分均已填妥，而且填报的数据正确无误，否则申请将不受理。提交申请表后，如欲更正或查阅个人资料，请与海事处本地船舶安全组主管联络（地址：香港中环统一码头道 38 号海港政府大楼 23 楼 2309 室）。

任何人士伪造、企图伪造、或协助伪造在本申请表填报的资料，并故意呈交此等资料作诈骗之用，可遭受检控。

特此警告，虚假声明可遭受检控，香港特别行政区政府有权追讨已发还的费用。

Application for reimbursement in respect of a particular vessel can only be made once. Each local seafarer is allowed for reimbursement of eyesight test fee for only one time. A eyesight test receipt submitted with the application shall contain the following details:- name of the person taken the eyesight test, date of the test and amount of the payment.

The information provided on this form will be used for processing the application for reimbursement of eyesight test costs and may be divulged to Government policy bureaux, departments and agencies authorised to process the information for the purpose of the application.

The supply of information is obligatory. Please ensure that all parts in the form are completed and the information provided is accurate. Failure to do so may result in unsuccessful application. For correction of or access to personal data after submission of this form, please contact the Officer-in-charge, Local Vessels Safety Section, Marine Department, Room 2309, 23/F, Harbour Building, 38 Pier Road, Central, Hong Kong.

Any person who forges, attempts to forge, or procures to be forged any entry recorded on this form and submits it with intent to defraud or deceive any person shall be liable to prosecution.

Applicants are warned that it is liable to prosecution to make a false declaration and the Hong Kong SAR Government has the right to claim back the reimbursement in such event.

申请人提交申请前的检查清单

Check list for applicant before submit the application

申请人须检查下列文件是否已连同申请表一并提交：

Applicant should check if the following documents are submitted with the application form:

- (1) 每名船员的视力测验费的正式收据；
Original receipt of the eyesight test from each crew member;
- (2) 每次视力测验后由注册医生或注册视光师签发的声明，证明接受测验的本地海员达到规定的标准；以及
For each eyesight test, a statement signed by the registered medical practitioner or registered optometrist conducting the test attesting that the local seafarers have attained the required standards. and
- (3) 申请人如为船只的经营人，须提交由船东签署说明申请人是船只经营人的证明。
If the applicant is an operator of the vessel, a proof signed by owner of the vessel that he or she is such operator.

OFFICIAL USE ONLY

	<u>Status</u>	<u>Action officer</u>	<u>Officer's name and signature</u>
(1) Documents submitted and checked	<input type="checkbox"/>	CO/LVS	_____
(2) Application approval	<input type="checkbox"/>	SS/LVS	_____
(3) Update information	<input type="checkbox"/>	CO/LVS	_____
(4) Process payment	<input type="checkbox"/>	SAO	_____