



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

发还视力测验费用申请表
Application for Reimbursement of Cost of Eyesight Test

填写此申请表前请参阅备注 Please read the Notes before filling in this form

第一部 Part 1

船东 / 经营人*(“申请人”)数据

Particulars of Owner/Operator* of Vessel (“Applicant”)

申请人姓名

Name of Applicant : _____

香港身份证号码 / 公司注册编号及商业登记证号码 *

Hong Kong Identity (HKID) Card No. / Company Registration No. and 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(iii)节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 section 10.2.1(iii) of Chapter XII 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	拥有权证明书号码 Certificate of Ownership No.	允许载客人数的上限 Maximum number of passengers permitted onboard	船东姓名 / 名称 Name of Ship Owner
_____	_____	_____	_____	_____

第三部 Part 3

船员资料

Particulars of Crew

是次申请发还视力测验费用的船员数据

Details of crew member(s) covered by this application for reimbursement of cost of eyesight test:

	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用 的金额 [#] <u>Amount applied for reimbursement of cost of 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 (即下方签署人) 为此申请表第二部所述船只的船东 / 经营人*, 兹证明第三部所述的人士于此部下方填报的日期为合法受雇于本人 / 本公司在该船上工作的船员。

I/We, the undersigned, am/ are the owner/the operator* of the vessel the particulars of which are given in Part 2 of this application form and I/we confirm that the person(s) named in Part 3 is/are crew member(s) lawfully employed by me/us as at the date entered below in this Part working onboard that vessel.

本人 / 本公司谨此声明及确认, 本人 / 本公司于此部下方填报的日期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(iii) 节的规定, 调配一名船员在船上进行协助瞭望工作。本人 / 本公司同时声明及确认, 此申请表第三部所列的船员已接受视力测验及取得所需声明, 而本人 / 本公司已缴付有关视力测验费用。

I/We hereby declare and confirm that in respect of the vessel named in Part 2 of this application form I/we have, as at the date entered below in this Part, implemented the requirements as stipulated in section 10.2.1(iii) of Chapter XII of the Code of Practice—Safety Standards for Class I, II and III Vessels (November 2013 Edition) to deploy crew member to assist look-out on the vessel. I/We also declare and confirm that the crew member(s) as listed in Part 3 of this application form has/have taken the eyesight test(s) and obtained the required statement(s) and that the cost of the test(s) has already been paid by me/us.

本人 / 本公司谨此同意为处理是次申请向政府政策局、部门或获授权的机构发放任何在此申请表上填写的数据和相关文件。本人 / 本公司确认, 已取得此申请表第三部所列的船员同意, 为处理是次申请向政府政策局、部门或获授权的机构发放此申请表第三部所载的船员资料。

I/We hereby consent to the release of any information provided in this application form and related documents to Government bureaux, departments or authorised agencies for the purpose of processing this application. I/We confirm that consent has been obtained from the crew member(s) listed in Part 3 of this application form that his/her/their information as contained in Part 3 of this application form can be released to Government bureaux, departments or authorised agencies for the purpose of processing this application.

本人 / 本公司声明及确认, 在此申请表上填写的数据 (包括提供的一切相关文件) 均属真确。本人 / 本公司明白, 如本人 / 本公司为取得发还款项明知或故意作出知道是虚假或不相信是真实的陈述, 或提供知道是虚假或不相信是真实的数据, 或以其他方式误导海事处, 本人 / 本公司可遭受检控, 并会导致本人 / 本公司的申请作废, 而本人 / 本公司须向香港特别行政区政府全数偿付任何已发还的款项。

I/We declare and confirm that the information provided in this application form, including all the related documents provided, is true and accurate. I/We understand that if I/we knowingly or wilfully make a statement or give information which I/we know to be false or do not believe to be true or otherwise mislead the Marine Department for the purpose of obtaining reimbursement, I/we shall be liable to prosecution and my/our application shall be rendered void and I/we shall be liable to full repayment to the Government of the Hong Kong Special Administrative Region of any reimbursement already made.

本人 / 本公司同意及承诺, 如就是次申请有任何向本人 / 本公司多发或误发的款项, 会立即通知海事处, 并立即向香港特别行政区政府归还任何多发或误发的款项。

I/We agree and undertake to notify the Marine Department forthwith of any overpayment or any payment made by mistake to me/us pursuant to this application and refund to the Government of the Hong Kong Special Administrative Region forthwith any overpayment or payment made by mistake.

个人申请人 For individual applicant:

签署
Signature :

申请人姓名
Full Name of Applicant :

公司申请人** For company applicant**:

由董事 _____)
经 _____ 正式授权代表签署)
SIGNED by _____ , director,)
duly authorised by and for and on behalf of _____)
_____)

董事签署及公司印章
Director to sign and add rubber stamp of company

日期 Date :

*删去不适用者

*Delete as appropriate

#每名船员可就视力测验申请发还港币 350 元或实际测验费用, 两者以较低者为淮。

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

**公司申请人请填写代表公司在申请表上签署的董事姓名及公司名称。

** For company applicant, please fill in the full name of the director signing the application form for and on behalf of the company and the name of the company.

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 application form before submission.

此申请表免费提供 THIS APPLICATION FORM IS ISSUED FREE OF CHARGE

备注

填写申请表前请参阅以下备注。

1. 每艘船只填写一份申请表。
2. 除非另外注明，此申请表可用英文（正楷）或中文填写。
3. 申请人应为获发牌可运载超过 100 名乘客的本地船只（定义见《商船（本地船只）条例》（第 548 章））或本地高速船的船东或经营人。申请人可以是个别人士或香港注册公司。在此申请表第三部所述的船员须在此申请表第四部填写的日期为申请人的合法雇员，并在此申请表第二部所述的船只上工作。由个别船员递交的发还费用申请恕不受理。
4. 所有发还费用的申请须于 2014 年 6 月 30 日或之前提交。申请人须在申请表上声明及确认，于此申请表第四部填报的日期已落实《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(iii) 节的规定，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 6 月 30 日后递交的申请均不受理。
5. 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) 视力测验费用的收据正本，有关的视力测验必须在 2013 年 11 月 29 日至 2014 年 6 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就申请表第三部分所述的每名船签发，证明有关船员达到《本地合格证明书考试规则》第 4 章所述的视力标准的声明副本；以及

Notes

Please read the following notes before completing the form.

1. Each form shall be used for one vessel only.
2. Unless otherwise stated, this form could be completed in either English (block letters) or Chinese.
3. The applicant should be the owner or operator of a local vessel (as defined under the Merchant Shipping (Local Vessels) Ordinance (Cap 548)) that is licensed to carry more than 100 passengers or a local high speed craft. The applicant can be an individual person or a Hong Kong registered company. The crew member(s) entered in Part 3 of this form must be lawful employee(s) of the applicant working onboard the vessel named in Part 2 of this application form as at the date entered in Part 4 of this form. Application for reimbursement from an individual crew member will not be accepted.
4. All applications for reimbursement shall be submitted not later than 30 June 2014. The applicant shall declare and confirm on the application form that the requirements as stipulated in section 10.2.1(iii) of Chapter XII 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 member to assist the coxswain in look-out at all times during normal navigation, have been implemented as at the date entered in Part 4 of this application form. Any application submitted after 30 June 2014 will not be considered.
5. 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 must be accompanied by the following documents:
 - (a) The original fee receipt(s) of the eyesight test(s) which must be conducted between 29 November 2013 and 30 June 2014 (both dates inclusive);
 - (b) For each of the crew members listed in Part 3 of the application form, a copy of a statement signed by a registered medical practitioner of the Medical Council of Hong Kong or an optometrist registered with the Optometrists Board conducting the eyesight test certifying that the crew member has attained the eyesight standards as specified in Chapter 4 of the Examination Rules for Local Certificates of Competency; and

- (c) 申请人如为有关船只的经营人，则须提交船东的确认书，确认申请人是船只的经营人。
6. 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用港币 350 元。未能通过视力测验的船员，其视力测验费用将不获发还。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。
7. 每艘本地船只可申请发还费用一次。如申请人在另一宗申请或其他申请人已获发还某船员的视力测验费用，在此申请表申请发还该船员的视力测验费用将不受理。连同申请表提交的视力测验费用正式收据须载有以下资料：接受视力测验人士的姓名、进行视力测验的医生或视光师的姓名、进行视力测验的日期及缴付金额。
8. 申请如获批准，海事处会以邮寄支票方式发还款项（支票抬头人为申请人，其数据于此申请表第一部填报）。

收集个人资料声明

9. 此申请表所收集的个人资料用作处理发还视力测验费用的申请。如有必要，申请人所提供的资料可能送交获授权处理有关资料的政府决策局、部门或机构，以便进行与申请有关的事宜。
10. 申请人必须在此申请表提供个人资料和其他相关数据。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。
11. 根据《个人资料（私隐）条例》（第 486 章），资料当事人有权要求查阅及改正在此申请表提供的个人资料。如须查阅或改正此申请表个人资料，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）。

- (c) If the applicant is the operator of the vessel concerned, a written confirmation by the owner that the applicant is the operator of the vessel.
6. The reimbursement for each application will be subject to a maximum of five crew members per vessel and HK\$350 per eyesight test. The cost 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 eyesight will be eligible for reimbursement.
7. Application for reimbursement in respect of a particular local vessel can only be made once. If the applicant has already been reimbursed for the cost of eyesight test of a particular crew member in another application or another applicant has already been so reimbursed, the application for reimbursement of the cost of eyesight test of that particular crew member in this application form will not be entertained. An eyesight test receipt submitted with the application shall contain the following details: name of the person who has taken the eyesight test, name of the medical practitioner or optometrist who has conducted the eyesight test, date of the eyesight test and amount of the payment.
8. Upon successful application, the Marine Department will make reimbursement by posting a cheque payable to the applicant whose particulars are given in Part 1 of this application form.

Personal Information Collection Statement

9. Personal data collected by means of this application form will be used for purposes related to the processing of the application for reimbursement of cost of eyesight test. Where necessary, the information provided by the applicants may also be provided to other Government bureaux, departments and agencies authorised to process the information for the purposes as stated.
10. The provision of personal data and other related information in this application form 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.
11. Data subjects have a right to request access to and correction of their personal data provided in this application form in accordance with the Personal Data (Privacy) Ordinance (Cap 486). For access to or correction of personal data in the application 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.

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) 是次申请中每名船员的视力测验费用收据正本；
The original fee receipt of the eyesight test of each crew member covered by the application;
- (2) 每次视力测验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船员达到规定的标准；以及
For each eyesight test, a statement signed by the registered medical practitioner or registered optometrist conducting the test certifying that the crew member has attained the required standards; and
- (3) 申请人如为船只的经营人，须提交由船东签署确认申请人是船只经营人的陈述书。
If the applicant is an operator of the vessel, a written statement signed by the owner of the vessel confirming that the applicant 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"/>	ACO/CO/LVS	_____
(2) Application approval	<input type="checkbox"/>	SS/LVS	_____
(3) Update information	<input type="checkbox"/>	ACO/CO/LVS	_____
(4) Process payment	<input type="checkbox"/>	SAO/FA	_____