



香港特別行政區政府海事處
MARINE DEPARTMENT
THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

發還視力測驗費申請表
Application for Reimbursement of eyesight test cost

填寫申請表前請參閱備註 Please read Notes before filling this form

第一部 Part 1

申請人資料
Particulars of Applicant

申請人姓名

Name of Applicant : _____

香港身份證號碼／商業登記證號碼 *

Hong Kong Identity Card No. / Business Registration Certificate No. *: _____

地址

Address : _____

電話號碼

Tel. No. : _____

傳真號碼

Fax. No. : _____

電郵地址

E-mail Address : _____

第二部 Part 2

船隻資料

Particulars of Vessel

已經實施《工作守則—第 I、II 及 III 類別船隻安全標準（2013 年 11 月版）》第 XII 章第 10.2.1 節(iii)有關加強瞭望規定的船隻的資料

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:

船隻英文名稱 Vessel Name in English	船隻中文名稱 Vessel Name in Chinese	擁有權證明書號碼 Certificate of Ownership No.	船隻載客人數 No. of passengers carried onboard	船東姓名／名稱 Name of Ship Owner
_____	_____	_____	_____	_____

第三部 Part 3

船員資料

Particulars of Crew

向海事處申請發還視力測驗費的本地海員的資料

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>	香港身份證號碼 <u>HKID Card No.</u>	申請發還視力測驗費 的金額 [#] Amount applied for reimbursement for the eyesight test [#]
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

總額

Total Amount : _____

第四部 Part 4

聲明

Declaration

本人／本公司*為此申請表第二部所述船隻的船東／經營人（本人代其遞交申請）* 茲證明第三部所述的人士為在該船上工作的本地海員。

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.

本人謹此聲明，本人／本公司*已在此申請表第二部所述的船隻實施《工作守則—第 I、II 及 III 類別船隻安全標準(2013 年 11 月版)》第 XII 章第 10.2.1 節(iii)的規定，並按規定在船上加強瞭望。

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.

本人聲明，就本人所知，填寫在此申請表上的資料（包括提供的一切相關文件）均屬完整真確。本人知悉，政府將依據本人提供的資料處理發還費用的申請。本人同意海事處為處理是次申請向任何政府政策局及部門或其諮詢組織或機構發放任何在是次申請中提供的資料。

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，如本人為取得發還款項明知或故意作出任何虛假陳述或隱瞞任何資料，或以其他方式誤導海事處，會導致本人的申請無效。本人須全數償付任何已發還的款項，並會被檢控。

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.

遞交申請表人士簽署

Signature of person who submits this application:

遞交申請表人士姓名

Name of person who submits this application :

遞交申請表人士職位（適用於公司申請人）

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

日期

Date :

公司印章（如適用）
Company Stamp
(if applicable)

*刪去不適用者

*Delete as appropriate

#每名船員的視力測驗可申請發還港幣 350 元或實際測驗費用，兩者以較低者為準。

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

申請人在遞交此申請表前須檢查和核對所填寫的資料。

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

此申請表免費發給

THIS APPLICATION FORM IS ISSUED FREE OF CHARGE

備註

填寫申請表前請參閱以下備註。

每艘船隻填寫一份申請表。

除非另外註明，本申請表可用英文（正楷）或中文填寫。

申請人應為載客超過 100 人的本地船隻或本地高速船的船東或經營人。申請人可以是香港註冊的公司或個別人士。個別本地海員的發還費用申請恕不受理。

所有發還費用的申請須於 2014 年 5 月 30 日或之前提交。申請人須在申請表上聲明，於本申請表第四部填報的日期已經落實《工作守則—第 I、II 及 III 類別船隻安全標準（2013 年 11 月版）》第 XII 章第 10.2.1 節(iii)的規定，即所有載客超過 100 人的本地船隻在夜間或能見度較低時，須有一名船員協助船長進行瞭望工作，高速船則在正常航行的任何時間內，須有一名船員協助船長進行瞭望工作。任何於 2014 年 5 月 30 日後遞交的申請均不受理。

申請表須連同下列文件親身送交或郵寄至海事處本地船舶安全組（地址：香港中環統一碼頭道 38 號海港政府大樓 23 樓 2312 室）：

- (a) 視力測驗費的正式收據，有關的視力測驗必須在 2013 年 11 月 29 日至 2014 年 5 月 30 日期間進行（首尾兩天包括在內）；
- (b) 由香港醫務委員會註冊醫生或視光師管理委員會註冊視光師簽發的聲明，證明有關的本地海員達到《本地合格證明書考試規則》第 4 章所述的視力標準；以及
- (c) 申請人如為有關船隻的經營人，則須提交船東的書面證明，證明申請人是船隻的經營人。

每宗申請的發還款項上限為每艘船五名船員及每次視力測驗費港幣 350 元。未能通過視力測驗的船員，其視力測驗費不會獲發還。如視力測驗屬體格檢查的一部分，則只有與視力部分有關的費用可申請發還。

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.

每艘船只可申請發還費用一次，每名本地海員亦只可申請發還視力測驗費一次。連同申請表提交的視力測驗費正式收據須載有以下資料：接受視力測驗人士的姓名、進行視力測驗的日期及繳付金額。

申請人所提供的資料會用作申請發還視力測驗費，並可能送交獲授權處理有關資料的政府政策局、部門或機構以便進行與申請有關的事宜。

申請人必須提供所需資料。請確保申請表各部分均已填妥，而且填報的資料正確無誤，否則申請將不受理。提交申請表後，如欲更正或查閱個人資料，請與海事處本地船舶安全組主管聯絡（地址：香港中環統一碼頭道 38 號海港政府大樓 23 樓 2309 室）。

任何人士偽造、企圖偽造、或協助偽造在本申請表填報的資料，並故意呈交此等資料作詐騙之用，可遭受檢控。

特此警告，虛假聲明可遭受檢控，香港特別行政區政府有權追討已發還的費用。

申請人提交申請前的檢查清單

Check list for applicant before submit the application

申請人須檢查下列文件是否已連同申請表一併提交：

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

- (1) 每名船員的視力測驗費的正式收據；
Original receipt of the eyesight test from each crew member;
- (2) 每次視力測驗後由註冊醫生或註冊視光師簽發的聲明，證明接受測驗的本地海員達到規定的標準；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) 申請人如為船隻的經營人，須提交由船東簽署說明申請人是船隻經營人的證明。
If the applicant is an operator of the vessel, a proof signed by owner of the vessel that he or she is such operator.

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.

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	_____