



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

發還視力測驗費用申請表  
Application for Reimbursement of Cost of Eyesight Test

填寫此申請表前請參閱備註 Please read the Notes before filling in this form

第一部 Part 1

船東／經營人\*("申請人")資料  
Particulars of Owner/Operator\* of Vessel ("Applicant")

申請人姓名  
Name of Applicant : \_\_\_\_\_

香港身份證號碼／公司註冊編號及商業登記證號碼 \*  
Hong Kong Identity (HKID) Card No. / Company Registration No. and 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(iii)節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 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.	允許載客人數的上限 Maximum number of passengers permitted onboard	船東姓名／名稱 Name of Ship Owner
_____	_____	_____	_____	_____

**第三部 Part 3**

**船員資料**  
**Particulars of Crew**

是次申請發還視力測驗費用的船員資料

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

	英文姓名 English Name	中文姓名 Chinese Name	香港身份證號碼 HKID Card No.	申請發還視力測驗費用 的金額 <sup>#</sup> Amount applied for reimbursement of cost of eyesight test <sup>#</sup>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

總額  
Total Amount : \_\_\_\_\_

#### 第四部 Part 4

##### 聲明 Declaration

本人／本公司（即下方簽署人）為此申請表第二部所述船隻的船東／經營人\*，茲證明第三部所述的人士於此部下方填報的日期為合法受僱於本人／本公司在該船上工作的船員。

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／本公司謹此聲明及確認，本人／本公司於此部下方填報的日期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(iii)節的規定，調配一名船員在船上進行協助瞭望工作。本人／本公司同時聲明及確認，此申請表第三部所列的船員已接受視力測驗及取得所須聲明，而本人／本公司已繳付有關視力測驗費用。

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／本公司謹此同意為處理是次申請向政府政策局、部門或獲授權的機構發放任何在此申請表上填寫的資料和相關文件。本人／本公司確認，已取得此申請表第三部所列的船員同意，為處理是次申請向政府政策局、部門或獲授權的機構發放此申請表第三部所載的船員資料。

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／本公司聲明及確認，在此申請表上填寫的資料（包括提供的一切相關文件）均屬真確。本人／本公司明白，如本人／本公司為取得發還款項明知或故意作出知道是虛假或不相信是真實的陳述，或提供知道是虛假或不相信是真實的資料，或以其他方式誤導海事處，本人／本公司可遭受檢控，並會導致本人／本公司的申請作廢，而本人／本公司須向香港特別行政區政府全數償付任何已發還的款項。

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／本公司同意及承諾，如就是次申請有任何向本人／本公司多發或誤發的款項，會立即通知海事處，並立即向香港特別行政區政府歸還任何多發或誤發的款項。

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.

##### 個人申請人 For individual applicant:

簽署

Signature :

申請人姓名

Full Name of Applicant :

##### 公司申請人\*\* For company applicant\*\*:

由董事 \_\_\_\_\_ )

經 \_\_\_\_\_ 正式授權代表簽署 )

SIGNED by \_\_\_\_\_ , director, )

duly authorised by and for and on behalf of \_\_\_\_\_ )

\_\_\_\_\_ )

董事簽署及公司印章

Director to sign and add rubber stamp of company

日期 Date :

\*刪去不適用者

\*Delete as appropriate

#每名船員可就視力測驗申請發還港幣 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 of the cost of the eyesight test, whichever is less.

\*\*公司申請人請填寫代表公司在申請表上簽署的董事姓名及公司名稱。

\*\* 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 application form before submission.

此申請表免費提供 THIS APPLICATION FORM IS ISSUED FREE OF CHARGE

## 備註

填寫申請表前請參閱以下備註。

1. 每艘船隻填寫一份申請表。
2. 除非另外註明，此申請表可用英文(正楷)或中文填寫。
3. 申請人應為獲發牌可運載超過 100 名乘客的本地船隻(定義見《商船(本地船隻)條例》(第 548 章))或本地高速船的船東或經營人。申請人可以是個別人士或香港註冊公司。在此申請表第三部所述的船員須在此申請表第四部填寫的日期為申請人的合法僱員，並在此申請表第二部所述的船隻上工作。由個別船員遞交的發還費用申請恕不受理。
4. 所有發還費用的申請須於 2014 年 6 月 30 日或之前提交。申請人須在申請表上聲明及確認，於此申請表第四部填報的日期已落實《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(iii) 節的規定，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 6 月 30 日後遞交的申請均不受理。
5. 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) 視力測驗費用的收據正本，有關的視力測驗必須在 2013 年 11 月 29 日至 2014 年 6 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就申請表第三部分所述的每名船隻簽發，證明有關船員達到《本地合格證明書考試規則》第 4 章所述的視力標準的聲明副本；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) 申請人如為有關船隻的經營人，則須提交船東的確認書，確認申請人是船隻的經營人。
6. 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用港幣 350 元。未能通過視力測驗的船員，其視力測驗費用將不獲發還。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。
7. 每艘本地船隻可申請發還費用一次。如申請人在另一宗申請或其他申請人已獲發還某船員的視力測驗費用，在此申請表申請發還該船員的視力測驗費用將不受理。連同申請表提交的視力測驗費用正式收據須載有以下資料：接受視力測驗人士的姓名、進行視力測驗的醫生或視光師的姓名、進行視力測驗的日期及繳付金額。
8. 申請如獲批准，海事處會以郵寄支票方式發還款項（支票抬頭人為申請人，其資料於此申請表第一部填報）。

#### 收集個人資料聲明

9. 此申請表所收集的個人資料用作處理發還視力測驗費用的申請。如有必要，申請人所提供的資料可能送交獲授權處理有關資料的政府決策局、部門或機構，以便進行與申請有關的事宜。
10. 申請人必須在此申請表提供個人資料和其他相關資料。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。
11. 根據《個人資料（私隱）條例》（第 486 章），資料當事人有權要求查閱及改正在此申請表提供的個人資料。如須查閱或改正此申請表的個人資料，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）。

- (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) 是次申請中每名船員的視力測驗費用收據正本；

The original fee receipt of the eyesight test of each crew member covered by the application;

(2) 每次視力測驗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船員達到規定的標準；以及

For each eyesight test, a statement signed by the registered medical practitioner or registered optometrist conducting the test certifying that the crew member has attained the required standards; and

(3) 申請人如為船隻的經營人，須提交由船東簽署確認申請人是船隻經營人的陳述書。

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	_____