

## 香港特別行政區政府海事處 MARINE DEPARTMENT

## THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

## 人員上船/下船及貨物操作許可證申請表 APPLICATION FOR PERSONS EMBARKATION/DISEMBARKATION AND CARGO OPERATION PERMIT

登記證號 tration N		ess Registration Certifica	ate No.:	
		流動電話號碼		
		電郵地址 Email Address:		
Part II	Particular	rs of Vessel		
			船隻類型	
			• •	
			•	
		n (m):	• ' '	
			•	
GI:				
Part III	Details of	f the Application		
		н	<u>م</u>	包括在內。
ONE mon	th)		-	
				merusive.
		請註明		
		Please specify		
	4	人員上船或下船		
Embarkatio □ 裝載、卸載		Embarkation or disemb	arkation of persons	
		裝載、卸載或轉運貨物	· 物	
		Loading, unloading or t	ranshipping cargo	
e Estimated time			rture at anchorage	
		<u> </u>		
	Part II 海事原 MD R 最大分 Extrer 總噸化 GT: _	Part II Particular 海事處參考編號 MD Ref. No.: _ 最大寬度 (米) Extreme Breadtl 總噸位 GT:	Mobile Phone No.: 電郵地址 Email Address:  Part II Particulars of Vessel  海事處參考編號 MD Ref. No.: 最大寬度 (米) Extreme Breadth (m): 總噸位 GT:  Part III Details of the Application  ONE month)  请註明 Please specify  #	加めbile Phone No.:  電郵地址 Email Address:  Part II Particulars of Vessel  # 集事處參考編號 MD Ref. No.:  最大寬度(米) Extreme Breadth (m):  總噸位 GT:  Part III Details of the Application  DNE month)  # 上 日本記書 の

For company, please affix the company seal/stamp

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## Personal Data Collection Statement 收集個人資料聲明

The personal data provided by this application form will be used by Marine Department for process licensing and port formalities purposes, and may be disclosed to other departments/agencies for investigation/prosecution purposes. In accordance with the Personal Data (Privacy) Ordinance (Cap. 486), data subjects have a right to request access to and correction of their personal data provided in the application form. For access to or correction of personal data in the application form, please contact the Officer-in-charge, any District Marine Office of the Marine Department.

申請書所獲得的個人資料會供海事處作處理有關牌照及關務事務用途,亦可能轉交其他部門/機構以供調查/檢控之用。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書提供的個人資料。如須查閱或改正此申請書的個人資料,請與海事處任何海事分處聯絡。

	只供本處人員填寫	FOR OFF1CIAL	USE ONLY	
Application	*is / is not approved.			
Permit No.;				
Validity:	From	to		inclusive.
Demand Note No.:				
Audit Roll No.:				
Remarks:				
Name & Signature:				
	Officer-in-charge * Cent	tral Marine Office / Port	Management Office	,
Date:				