

## DANGEROUS GOODS IN PACKAGED FORM MANIFEST

(Final Page or Single Page Submission)

VOYAGE		CALL SIGN :					IMO NO. / MD REFERENCE NO. (optional) :						
		ESTIMATED DATE OF BERTH: ARRIVAL / TRANSIT / DEPARTURE:											
FLAG STAT	E OF VESSI	EL :											
CONTAINER NO.	NO. AND KIND OF PACKAGES	PROPER SHIPPING NAME	IMO CLASS (PRIMARY RISK)	UN NO.	PACKING GROUP	SUB- SIDIARY RISK(S)	FLASH POINT (IN C.C.) IF 60°C or BELOW	MARINE POLLUTANT	DG NET/GROSS MASS (Kg)	N.E.Q. (EXPLOSIVES) (Kg)	STOWAGE LOCATION	PORT OF LOADING	PORT OF DISCHARGE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

(to be continued.....)

<u>Dangerous Goods Declaration</u> I certify that this dangerous goods manifest consists of_	page(s).						
such a manner as to withstand the ordinary risks of hand classified, documented, packaged, marked, labelled/pla	re fully and accurately described above by the proper ship dling and transport by sea having regard to the properties of acarded, stowed and segregated in accordance with the recap. 413H), and/or the Merchant Shipping (Local Vessels)	of the goods to be carried and that the goods are equirements of the Merchant Shipping (Safety)					
		<del>-</del>					
NAME OF COMPANY:FAX NUMBER:	NAME & SIGNATURE OF PERSON: MAKING THIS DECLARATION (Block Capitals)						
TELEPHONE NUMBER :	TITLE OF DECLARANT :						
E-MAIL ADDRESS :							

## Personal Data Collection Statement

The personal data provided by this form will be used by the Marine Department for the purpose of processing port formalities, 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 this form, please contact the staff of the Dangerous Goods Unit of the Marine Department.

To: Director of Marine