



Our Ref.: \_\_\_\_\_

**The Incorporated Trustees of Hong Kong Seafarer  
Mutual Assistance and Scholarship Trust**

**Hong Kong Maritime Scholarship Fund Application Form**  
**香港船員助學基金申請表**

**申請者資料 APPLICANT INFORMATION**

請用正楷填寫表格。 Please complete the form in BLOCK LETTERS.

**(I) 此部份供個別海員/學生申請填寫 This part for individual seafarer / student applicant**

中文姓名(如適用) 英文姓名  
Name in Chinese(if applicable): \_\_\_\_\_ Name in English: \_\_\_\_\_

稱謂 Title: (先生Mr. /女士Ms. /小姐Miss \* 請刪去不適用項目 Please delete as appropriate)

國籍 Nationality: \_\_\_\_\_ 出生日期 Date of Birth: \_\_\_\_\_

香港身份證號碼 / 護照號碼\*  
Hong Kong Identity Card / Passport no\*: \_\_\_\_\_

\* 請刪去不適用項目 Please delete as appropriate

☐ 本人為香港海事學校修讀的學生 I am a student studying in Hong Kong maritime institute

☐ 本人是在已簽署香港集體談判協議的船上工作的船員 I am a seafarer working on board vessel covered by HKCBA

培訓機構名稱 Name of Training Provider:

課程名稱 Course title:

課程編號(如有) Course reference number (if any):

\*\*申請人已繳交學費總數

\*\*Amount of tuition fees paid by the applicant:

\*\* 請附上已交學費的收據。 Please enclose copy of receipt(s) of the tuition fees paid.

海員簿編號 Seamen ID. Number:

僱主名稱(如適用) Name of employer (if applicable):

職位(如適用) Position (if applicable):

過去一年所服務的香港旗船名稱及日期 Hong Kong Flagged Vessel served in the past 12 months with date:

**(II) 此部份只供海事僱主為海員訓練支出申請退款**

**This part is for maritime employer reimbursement application**

公司名稱 Name of company: \_\_\_\_\_

聯絡人中文姓名(如適用) 聯絡人英文姓名  
Name of Contact person in Chinese: \_\_\_\_\_ Name of Contact person in English: \_\_\_\_\_

稱謂 Title: (先生Mr. /女士Ms. /小姐Miss)\*

\* 請刪去不適用項目 Please delete as appropriate



Our Ref.: \_\_\_\_\_

## The Incorporated Trustees of Hong Kong Seafarer Mutual Assistance and Scholarship Trust

### 只供海事僱主部份(續) Maritime employer reimbursement (Con't)

( 如有需要請另附紙張 Please attach list on another paper if necessary)

\*\*已接培訓之船員名單，請另附紙張列出以下資料

\*\*Please attach list of trained employees on another with

1) 姓名

1) Names

2) 海員簿編號

2) Seamen ID. Number

3) 職級

3) Rank

4) 過去一年服務之香港旗船名稱及日期

4) Hong Kong Flagged Vessel served in the past 12 months with date

\*\*申請補償金額 Amount of reimbursement applying for: \_\_\_\_\_

\*\*申請補償年期 Claiming Period from : \_\_\_\_\_ Claiming Period to: \_\_\_\_\_

已提供課程(請附上有關證明或收據) Training Provided (please attach with receipts or payment)

### (III)申請者聯絡資料(海員/學生/僱主) Applicant Contact information

電話號碼 Phone no.: \_\_\_\_\_ 電子郵件地址 Email address: \_\_\_\_\_

地址 Address: \_\_\_\_\_

本人謹此聲明：本人在這份申請表內所填報的各項資料，盡本人所知，均屬詳盡而真實的資料。

I declare that the information provided by me in this application form is complete and true to the best of my knowledge.

\_\_\_\_\_  
簽署 Signature ( ) 姓名 Name 日期 Date

### 提交申請 SUBMISSION OF APPLICATION

請填妥此申請表並將之寄往香港船員互助及獎學基金秘書處收。

如申請人是個別海員，請附上海員簿的個人資料頁及航行紀錄頁副本，香港身份證或護照的個人資料頁副本，課程收據及證書副本。

If the Applicant is an individual seafarer, please also enclose copies of the personal information and sign on/off pages of Seamen Book, Hong Kong Identity Card or passport's personal information page, course receipts and certificates.

### 聯絡資料 CONTACT INFORMATION

香港船員互助及獎學基金秘書處 Secretariat of the Hong Kong Seafarer Mutual Assistance and Scholarship Trust

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