

**MARINE PARKS AND MARINE RESERVES REGULATION (CAP. 476A)****Application For Permit to Conduct Controlled Activity in Marine Parks/ Marine Reserves****APPLICATION FORM****Notes to Applicant**

- (a) This application form should be duly completed. It should be delivered to Marine Parks Division, Agriculture, Fisheries and Conservation Department, 6/F, by mail, email or fax (Address: Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon Email: [marineparks\\_permit@afcd.gov.hk](mailto:marineparks_permit@afcd.gov.hk); Fax No.: 2152 0060).
- (b) Identity card of applicant, relevant map with exact location, detailed activity description and all vessel's licence mentioned in the application form should be enclosed. For enquiry, please contact Marine Parks Division at 2150 6801.

**Warning**

This permit shall be revoked at any time by the Authority if the applicant furnishes false statements or materials upon application. Please note, the supply of false information or materials is a criminal act, the maximum fine is \$10,000 if he is found guilty.

**I. Particulars of applicant**

1. Name : Mr Mrs Miss \_\_\_\_\_ 2. HK ID Card No. : \_\_\_\_\_
3. Organization (if any) : \_\_\_\_\_
4. Address : \_\_\_\_\_
5. Telephone No. : \_\_\_\_\_ 6. Fax No. : \_\_\_\_\_
7. Postal Address : \_\_\_\_\_
8. Email Address : \_\_\_\_\_

**II. Particulars of vessel (if applicable)**

9. Licence No. : \_\_\_\_\_ 10. Expiry date : \_\_\_\_\_
11. Length of vessel : \_\_\_\_\_ metres 12. Type of vessel: \_\_\_\_\_

**III. Details of activity**

12. Proposed place of activity (Please delete as appropriate)
- |                                            |                                   |
|--------------------------------------------|-----------------------------------|
| (A) Yan Chau Tong Marine Park              | (B) Hoi Ha Wan Marine Park        |
| (C) Sha Chau and Lung Kwu Chau Marine Park | (D) Tung Ping Chau Marine Park    |
| (E) The Brothers Marine Park               | (F) Cape D'Aguilar Marine Reserve |
13. Name and particulars of activity (use additional sheet if necessary) : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Proposed date of activity : \_\_\_\_\_ 15. No. of participants : \_\_\_\_\_

Applicant's signature : \_\_\_\_\_ Organization Chop: \_\_\_\_\_

(if applicable)

Applicant's name (in block letter): \_\_\_\_\_ Date : \_\_\_\_\_

**Personal Data Collection Statement :**

- (1) The personal data provided will be used for the purpose of the application only.
- (2) You have the right to request access to and the correction of personal data in this form in accordance with Sections 18 and 22 Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance.

Please put a "✓" in the appropriate box(es).