

Form 2

## Maritime and Aviation Training Fund Maritime Services Traineeship Scheme – Legal Registration of Trainee

|       | Application No.  | LE-202 -                   |                         |  |
|-------|--|----------------------------|-------------------------|--|
|       |  | L                          | (For office use only)   |  |
| /1\   |  |                            |                         |  |
| (I)   | Name of Law Firm/Barrister ("the Applicant") :                             |                            |                         |  |
| (11)  | Particulars of Trainee Note 1:   |                            |                         |  |
|       | Name :   | Age :                      |                         |  |
|       | Hong Kong Identity Card No. :  | Academic Qualifications    | :                       |  |
|       | Professional Qualifications (if any) :                                     |                            |                         |  |
|       | Name of Trainer :  |                            |                         |  |
|       | Date of commencement of training :   |                            |                         |  |
|       | Monthly salary :   |                            |                         |  |
| (111) | Particulars of Trainer (Law firm applicant only)                           |                            |                         |  |
|       | Name of trainer :  |                            |                         |  |
|       | Position in firm :   |                            |                         |  |
|       | Qualifications (academic and professional) obtaine                         | d :                        |                         |  |
|       | No. of years of practice experience in maritime aspects : (1) In Hong Kong |                            |                         |  |
|       |  | (2) Overseas               |                         |  |
|       | Scope of shipping practice :   |                            |                         |  |
|       | Award/accolade received in the last five years, pubi                       | c office appointment or su | pplementary informatior |  |
|       |  |                            |                         |  |
|       |  |                            |                         |  |

Note 1 Copy of (i) Trainee contract and (ii) Training programme should be enclosed.

## (IV) Signature, Declaration and Consent :

I, the undersigned, is the responsible person Note 2 of the Applicant, hereby confirm and declare that :

- 1. I have read and understood the terms and conditions, and agreed with all the obligations and responsibilities, as set out in the Guidance Notes for Application;
- 2. the Applicant has continual maritime-related businesses;
- 3. the Applicant consents to have the information provided in connection with this registration disclosed, without further reference to the Applicant, to Government policy bureaux/departments, statutory bodies or third parties for the purposes of processing the registration, conducting research and survey, compiling statistics, meeting requirements of the law and/or performing their functions and disbursing funding and/or related purposes;
- 4. the Applicant authorises the Secretariat and the HKSAR Government to handle information provided in relation to this registration, including and not limited to the disclosure of the information to other parties, in accordance with the Guidance Notes for Application and whenever the HKSAR Government considers appropriate; and
- 5. the information provided in this registration, including on the registration form and supporting documents enclosed, is true and accurate and complete. I understand that if any information provided in connection with this registration is inaccurate or misleading, the registration will be rejected forthwith and the HKSAR Government reserves all rights to take further action it deems appropriate.

Signed by the responsible person of the Applicant:

| Signature of Responsible Person : |                            |  |  |  |
|-----------------------------------|----------------------------|--|--|--|
| Ful                               | Name :                     |  |  |  |
| Position :                        |                            |  |  |  |
| Telephone No. :                   |                            |  |  |  |
| E-mail Address :                  |                            |  |  |  |
| Date :                            |                            |  |  |  |
|                                   |                            |  |  |  |
| 0                                 | fficial Organisation Stamp |  |  |  |

Note 2 The registration form must be signed by the Applicant, either the barrister or a partner of the law firm, who is accountable for providing the information in connection with this registration.