

## Attachment 7

### Referenced List of Shareholders and Shareholdings

Name of Company				Page of	
Data No.	Old Shareholder	Original Shareholding (No. of shares/ value)	New Shareholder	New Shareholding (No. of shares/value)	Remarks
Total	persons	Shares (NT\$)	persons	Shares (NT\$)	
Required Document		Photocopy of documents in proof of identity			
Notes to Applicant		<ol style="list-style-type: none"> <li>1. Please specify representative(s) of legal person shareholder(s) in the “Remarks” field.</li> <li>2. Please specify nationality in the “Remark” field for shareholder(s) of non-R.O.C. citizens.</li> <li>3. Please stamp required company seals on the blank spaces.</li> </ol>			

## Attachment 8

☐ **Building**  
**Application for**    ☐ **Purchase**    **Registration of Vessel**  
☐ **Sale**

Month      Day      Year

Name of Applicant Company			No. of Vessel Carrier Permit	
Name of the Company Owning the Vessel			No. of Vessel Carrier Permit	
Name of Vessel			Office No./ Signal Letter	
<b>Required Documents</b>	<b>Building</b>	<input type="checkbox"/> Building Plan <input type="checkbox"/> Operation Plan <input type="checkbox"/> Vessel Specifications	<input type="checkbox"/> Shipbuilding Contract <input type="checkbox"/> Source of Fund and Repayment Plan <input type="checkbox"/> Other:	
	<b>Purchase</b>	<b>Domestic Purchase:</b> <input type="checkbox"/> Operation Plan <input type="checkbox"/> Copy of Trading Contract <input type="checkbox"/> Vessel Specifications <input type="checkbox"/> Documents in proof of vessel nationality <input type="checkbox"/> Other:	<b>Overseas Purchase (approval from competent authority is required):</b> <input type="checkbox"/> Operation Plan <input type="checkbox"/> Copy of Trading Contract <input type="checkbox"/> Vessel Specifications <input type="checkbox"/> Documents in proof of vessel nationality <input type="checkbox"/> Source of Fund and Repayment Plan <input type="checkbox"/> Other:	
	<b>Sale</b>	<b>Domestic Sale</b> <input type="checkbox"/> Copy of Trading Contract <input type="checkbox"/> Shareholder agreement or shareholder meeting minutes <input type="checkbox"/> Other:	<b>Overseas Sale (approval from competent authority is required):</b> <input type="checkbox"/> Copy of Trading Contract <input type="checkbox"/> Shareholder agreement or shareholder meeting minutes <input type="checkbox"/> Other:	
<b>Notes to Applicant</b>	1. The operation plan should include the following information: Operation routes, ports passing or parking along the routes, passenger and freight service plan, summary of operation income and expenses. 2. Vessel specifications should include vessel layout diagrams. 3. Vessels procured overseas should meet the age requirement as specified in the "Allowed Age Limit for Import of Built Vessel". 4. Please forward an application and one copy each of the attachments. Documents written in a foreign language should be forwarded with a copy of Chinese translation. 5. Please stamp required company seals on the blank spaces.			
Applicant (sign/seal)		Tel Address		

**Maritime and Port Bureau**  
**Ministry of Transportation and Communications**

## Attachment 9

**Application of Vessel  
Carrier Registering**

- ☐ New **Addition**  
☐ **Alteration**  
☐ **Termination**

**of Operation of Liner Service**

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Date: \_\_\_\_\_, 20\_\_

Company Name					Permit No.			
Address					Tel			
Route Starting Point	Route Ending Point	Docking Ports along the Route	Passenger/ Freight Service	Service Schedule/ Period	Name of Service Vessel	Status of Vessel Self-owned/ Leased/ Chartered	Remarks	
Required Documents	New Addition & Alteration	<input type="checkbox"/> Business Operation Plans <input type="checkbox"/> Document in proof of vessel nationality <input type="checkbox"/> In case of a change in liner service operations, please attach the referenced list of changes to the route( see Attachment 10) <input type="checkbox"/> Plan to safeguard personal information files <input type="checkbox"/> Other						
		<input type="checkbox"/> Service Schedule <input type="checkbox"/> Freight Rate List <input type="checkbox"/> Sample(s) of bill of lading (B/L) or Passenger Ticket						
	Termination	Please briefly state the reason of termination:						
Other								
Notes to Applicant		I. Self-owned vessel refers to a vessel registered under the name of the owner. II. Application and the attachments annexed thereto one set each. III. Please affix both company and legal representative's seals at the blank space. IV. Please accompany the application with the supporting documents announced by the Shipping Administration.						
Applicant (sign/seal)								

# Attachment 10

## Referenced List of Changes to the Registration of Liner Service Vessel Carrier Operation

Permit No.: Vessel carrier No.

Month

Day

Year

Item	Original	Change to be registered
Route Starting Point		
Route Ending Point		
Ports Docked along the Route		
Passenger/ Freight Service		
Service Schedule/Period		
Name of Vessel		
Status of Vessel Self-owned/Leased/ Chartered		
Other		

**Maritime and Port Bureau**  
**Ministry of Transportation and Communications**

# Attachment 11

☐ **Bareboat**  
**Application for**      ☐ **Chartered**      **Vessel Carrier Operations**  
☐ **Commissioned**

Month      Day      Year

Name of Applicant Company		Business Registration No. Permit No.	
Name of Vessel Owner Company		Business Registration No. Permit No.	
Name of Vessel		Type of Vessel	
Vessel Office No./Signal Letters		Nationality	
Nature of Operation	Period		
<input type="checkbox"/> <b>Chartered for a fixed millage</b> <input type="checkbox"/> <b>Chartered for a fixed period of time</b> <input type="checkbox"/> <b>Leasing Bareboat</b> <input type="checkbox"/> <b>Leasing out Bareboat</b> <input type="checkbox"/> <b>Commissioned Operation</b>	A total of rounds from Month   Day   Year		
	From   Month                      Day                      Year To      Month                      Day                      Year		
Required Attachments	<input type="checkbox"/> Documents in proof of vessel nationality <input type="checkbox"/> Others:(permit for foreign vessel servicing domestic routes issued by the competent authority)		
Notes to Applicant	1. Please forward an application and a copy each of the attachments. 2. Please stamp required company seals on the blank spaces.		
Applicant (sign/seal)			

**Maritime and Port Bureau**  
**Ministry of Transportation and Communications**

## Attachment 12

### Application for Change of Vessel Carrier Service Tariff Rates

Month      Day      Year

<input type="checkbox"/> Name of Vessel Carrier <input type="checkbox"/> Name of Service Tariff Alliance <input type="checkbox"/> Name of Joint Operation Organization	<b>Chinese</b>		<b>Representative</b>	
	<b>English</b>			
	<b>Address</b>			
	<b>Tel</b>		<b>Fax</b>	
<b>Apply for</b>	<b>Route</b>	<b>Content of Change(s) and Reasons</b>		
<input type="checkbox"/> <b>Service Tariff Increase</b>				
<input type="checkbox"/> <b>Service Tariff Decrease</b>				
<input type="checkbox"/> <b>Others</b>	<input type="checkbox"/> Surcharge <input type="checkbox"/> Fee Calculation <input type="checkbox"/> Service Terms <input type="checkbox"/> Service Conditions			
<b>Notes to Applicant</b>	1. The service tariff changed in this application takes effect on the day stipulated in Article 19 of the <i>Regulations for Administering Vessel Carriers</i> . 2. Please forward an application and a copy each of the attachments. 3. Please stamp required company seals on the blank spaces. 4. For foreign vessel carriers, please fill the name of the appointed representative in the territory of R.O.C. for litigation and non-litigation affairs in the “Representative” field.			