SEYCHELLES FISHERIES AUTHORITY

P.O Box 449, Fishing Port, Victoria Mahe, Seychelles, info@sfa.sc, +248 4670300, www.sfa.sc

APPLICATION FOR LICENCE OF SEYCHELLES FISHING VESSEL

Name of Applicant_____

Company registration no._____

Business / postal address_____

Tel No._____ Fax No _____e-mail_____

Name of vessel owner or chartered if different from above_____

_____

VESSEL DETAILS

Name of Skipper_____
Name of Vessel _____Registration no._____
Port and Country of registration _____
Type of vessel _____ IMO No._____
IOTC No. _____and/or__OPRT No _____
Vessel Length (M)_____ Vessel width (M)_____
Gross Registered Tonnage _____ Net registered Tonnage _____
Engine Type and Horsepower_____
Fish holds capacity (m^3)_____
Radio Call Sign_____Frequency_____

Description of fishing operation authorised; _____
Species of fish to be taken: TUNA AND TUNA LIKE SPECIES
Areas to be fished: ALL AREAS EXCEPT AREAS STIPULATED IN THE FISHERIES REGULATIONS
Requirement for disposal of by catch: AS PER FISHERIES ACT AND REGULATION
Reporting requirement: AS PER FISHERIES ACT AND REGULATION
VMS requirement: AS PER FISHERIES ACT AND REGULATION AND ESTABLISHED COMMUNICATION PROTOCOL
Authorised port of landing: PORT VICTORIA MAHE SEYCHELLES

License period requested from_____to_____

I hereby certify that the particulars given above are true and correct

DATE ---------- SIGNATURE OF APPLICANT ----------

FOR OFFICIAL USE

Licence fee SR... … ... … ... … … … ... … ... … ... ...

Cash/Cheque No… ... … ... … ... … ... Receipt No … ... … ... … ... … ..

Signature of Cashier: ... …... … ... … ... … ... …