SEYCHELLES FISHERIES AUTHORITY

*Please address all Correspondence to the Chief Executive Officer*

APPLICATION FOR LOCAL FISHING VESSEL LICENCE

**IMPORTANT INFORMATION**

1. This form is to be used by persons applying for a Local Fishing Vessel License as required under the Fisheries Act and other related fisheries Regulations.
2. The License fee as prescribed under the Fisheries Regulations, must accompany this application.
3. The applicant must comply with the boat marking requirements prior to being licensed.
4. Providing false or misleading information may result in suspension or cancellation of a license.
5. The Authority must be notified of any change of information applicable to this fishing license application.

**Section 1: DETAILS OF THE APPLICANT**

Name of Applicant (Mr./Mrs./Ms.) _____

NIN (As Applicable) _____

DOB (As Applicable)_____

Business Registration Number (As Applicable): _____

Tax Identification Number (As Applicable) _____

Residential Address: _____

Postal Address (If Applicable) _____

Tel No._____ Fax No _____Email_____

Name of Vessel Owner if different from stated applicant above: _____

**Section 2: BENEFICIAL OWNERSHIP**

Please provide details of the individuals/natural persons who are shareholders and beneficial owners[1] of the vessel:

Name(s): _____

Address: _____

Nationality: _____ ID No._____

Name(s): _____

Address: _____

Nationality: _____ ID No._____

Name(s): _____

Address: _____

Nationality: _____ ID No._____

**Section 3: POLITICALLY EXPOSED PERSON**

As part of its due diligence procedures on licensees, the SFA requires individuals to make a formal declaration as to whether or not they would be considered a Politically Exposed Person (PEP) as defined under the Seychelles Anti-Money Laundering and Countering the Financing of Terrorism Act, 2020.

I confirm and declare that: (please select accordingly)

- ☐ I am NOT a Politically Exposed Person (PEP)
- ☐ I am a Politically Exposed Person (PEP)

[1] Person(s) who ultimately owns or controls a legal entity or arrangement such as the vessel as an asset or a company

**Section 4: SOURCE OF FUNDS**

Please tick as appropriate the source of funds relating to transactions of fishing activities:

- ☐ Savings
- ☐ Salary
- ☐ Income from business
- ☐ Gift
- ☐ Inheritance
- ☐ Sale of property
- ☐ Private loan
- ☐ Loan from bank or other financial institutions. If so, please state which financial institutions has interest in the vessel:

  _____
- ☐ Third party investment
- ☐ Other source(s). If so, please state details _____

**Section 5: VESSEL IDENTIFICATION DETAILS**

**Please attach a current survey report**

Name of Vessel: _____

Registration Number: _____

Class of vessel: _____ IOTC NO. (If Applicable) _____

External Mark: _____

International Radio Call Sign (IRCS): _____

Intended Port/ Landing Site of Operation: _____

**Section 6: VESSEL TECHNICAL DETAILS**

Vessel Length overall (LOA) (m) _____Vessel Width (m) _____

Colour of vessel: _____

Hull Material: ☐ Steel ☐ Wood ☐ GRP ☐ Others: _____

Gross Tonnage _____Net Registered Tonnage _____

Type of Vessel_____

Engine Type and Horsepower: _____ Number of Engine: _____

Engine Serial Number: _____

Radio Call Sign. _____ Satellite Phone No: _____

Fish hold Capacity: _____

Type of conservation: ☐ Ice ☐ Refrigeration ☐ Frozen ☐ Others: _____

Name Vessel builder: _____

Place of Construction: _____ Date of Construction: _____

**Section 7: DETAILS OF SKIPPER & CREW**

Name of Skipper_____

Nationality of the Skipper: _____NIN or Passport No. _____

Tel No._____ E-mail_____

Max Number of Crew: _____

**Section 8: VMS/AIS (If applicable)**

☐ New VMS Applicant ☐ Existing VMS Applicant

Manufacturer: _____ Model: _____

Serial No: _____ MMSI: _____

Other details: _____

**Section 9: FISHING ACTIVITIES TO BE UNDERTAKEN**

**Artisanal fisheries class 1-3 fishing vessels only**

- ☐ Trap Demersal Fishery
- ☐ Handline
- ☐ Octopus
- ☐ Beach Seine
- ☐ Lobsters
- ☐ Dropline
- ☐ Spanner Crabs
- ☐ Net

**Artisanal and Semi Industrial fisheries class 4-5 fishing vessels only**

- ☐ Hand Line
- ☐ Demersal Drop Line
- ☐ Spanner Crabs
- ☐ Sea Cucumber
- ☐ Deep Water Shrimp
- ☐ Long Line Tuna and Tuna Like Species

**Section 10: OFFENSES**

Have you ever been convicted at any time of any offence, including a first offense as stated under Section 72 of the Fisheries Act, by use of the vessel under the Fisheries Act or any law relating to fishing activity?

- ☐ Yes
- ☐ No

If yes, please give full details of the courts by which you were prosecuted and/or convicted, the offence and the penalty imposed and the date of conviction. Please note that no time restrictions apply to the matters you are asked to disclose. Any convictions and other facts must be stated:

_____

_____

**SECTION 11: MEMBERSHIP (If Applicable)**

Name of Boat or Fishing Association:

_____

Are you a government employee? ☐ Yes ☐ No

(If yes you should seek approval from department of public administration before submitting your application)

**SECTION 12: DECLARATION BY APPLICANT**

I declare the information provided in this fishing license application is true and correct in every detail:

NAME: _____

DATE _____

SIGNATURE OF APPLICANT: _____

**FOR OFFICIAL USE**

Please tick the appropriate class of fishing license:

- ☐ Artisanal fishery (Class 1-3 Fishing Vessels)
- ☐ Artisanal Fishery (Class 4& 5 Fishing Vessels)
- ☐ Semi Industrial Fishery (Class 4& 5 Fishing Vessels)

| | |
|---|---|
| Date of Application | |
| Allocated SFA Number | |
| Assigned Officer | |

**APPROVAL OF LICENCE**

Comments:

_____

_____

_____

_____

Authorised signature:

_____

**INVOICE REQUEST FORM**

A request is being made to issue an invoice for the fishing license based on the following payment details:

Method of Payment (please tick appropriate method): ☐ Cash ☐ Cheque ☐ Credit/Debit Card

License Fee: SCR_____

Invoice request by _____ Designation: _____

Signature: _____Date of request_____/_____/____

**FOR ACCOUNTS DEPARTMENTS OFFICE USE ONLY**

Invoice number: _____

License period of validity from: _____ to _____

Name of Cashier: _____

Signature of Cashier: _____Date: _____