SEYCHELLES FISHERIES AUTHORITY

*Please address all Correspondence to the Chief Executive Officer*

**APPLICATION FOR FOREIGN FISHING LICENCE**

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_____
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 ----------
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Licence fee SR… … … … … … … … … … … … … … …

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

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

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**FOR OFFICIAL USE**