SEYCHELLES FISHERIES AUTHORITY

Please address all Correspondence to the Chief Executive Officer

APPLICATION FOR LOCAL FISHING NET 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 as stated in the Fisheries Act.
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)_____

Residential Address: _____

Postal Address (If Applicable) _____

Tel No._____ Fax No _____E-mail_____

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_____

Section 3: VESSEL IDENTIFICATION DETAILS

Name of Vessel operating Net fishery: _____

Registration Number: _____

Section 4: NET DETAILS

Type of Net: ☐ Crevis ☐ Mackerel ☐ Sardines ☐ Others: _____

Type of material used for Net: ☐ Cotton ☐ Nylon ☐ Others: _____

Length of Net: _____ Depth of Net: _____

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

Mesh Size: _____

Areas to be fished: _____

Time of Operation: _____

Please note that authorization for Mackerel fishing only by using a net is at any time before 5 a.m. or after 4.00 p.m. on any day.

Intended Port/ Landing Site of Operation: _____

SECTION 5: 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 6: DECLARATION BY APPLICANT

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

NAME:

_____

DATE_____ SIGNATUREOFAPPLICANT_____

FOR OFFICIAL USE

Date of Application	
Allocated Tag Number	
Assigned Officer	

APPROVAL OF LICENCE

Comments:

_____

_____

_____

_____

Authorised signature:

_____

SEYCHELLES FISHERIES AUTHORITY

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 C