SEYCHELLES FISHERIES AUTHORITY

# APPLICATION FOR OCTOPUS FISHING LICENCE

**IMPORTANT INFORMATION**

1. This form is to be used by persons applying for an Octopus Fishing License as required under the Fisheries Act 2014 and other related Fisheries Regulations.
2. The License fee must accompany with this application, otherwise your application will not be processed by SFA.
3. Providing false or misleading information may result in suspension or revocation of a license.
4. The Authority must immediately be notified of any changes to the information provided in the fishing license application.

## SECTION 1: DETAILS OF THE APPLICANT

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

NIN No (As Applicable) _____

DOB _____

Business Registration Number (As applicable): _____

Tax Identification Number: _____

Residential Address: _____

Postal Address (If Applicable) _____

Tel No._____ Fax No _____E-mail_____

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

## SECTION 2: DETAILS OF VESSEL WHICH YOU INTEND TO OPERATE FROM

Name of Vessel: _____

Registration Number: _____SZ _____

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

Type of Vessel: _____

## SECTION 3: AUTHORISED FISHING GEAR AND FISHING METHOD

**Please select the type of gears you will use to harvest octopus:**

☐ reef gleaning ☐ free diving ☐ snorkeling ☐ skin diving ☐ on foot using gaff or harpoon ☐ traps and pots

☐ scuba

Usual depth of fishing: _____

Usual fishing location: _____

Expected duration of fishing trips: _____

Usual time to start fishing: _____ Finish: _____

Intended Port/Landing site of operation: _____

Time Octopus will be removed from this site for sale: _____

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**SECTION 4: AGREEMENT BETWEEN THE SEYCHELLES FISHING AUTHORITY AND APPLICANT FOR AN OCTOPUS FISHING LICENCE**

Mr./Mrs./Miss/Ms. _____ has been interviewed by the Seychelles Fishing Authority officers and was informed of the relevant laws and license conditions and we are satisfied that he/she has understood the conditions set by the Seychelles Fishing Authority.

In return Mr./Mrs./Miss/Ms. _____ has agreed to abide by the Regulations of the Fisheries Act as well as the following specific conditions of the licence:

1. To allow access to the SFA'S Fisheries Technicians to all catches, and to provide all reasonable assistance to the Fisheries Technicians for the collection of all fisheries related data.
2. Attending interviews when requested by the SFA'S Fisheries Technicians.

**FAILURE TO COMPLY WITH ANY OF THE TERMS AND CONDITIONS OF THE LICENSE SHALL RESULT IN THE LICENSE HOLDER BEING FINED AN AMOUNT UP TO SCR 20,000 OR IN THE LICENSE BEING REVOKED.**

**SECTION 5: 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**

| | |
|---|---|
| Date of Application | |
| Assigned Officer | |

**APPROVAL OF LICENCE**

Comments:

_____

_____

Authorised signature: _____

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**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 500**

Invoice request by _____ Designation: _____

Signature: _____Date of request ____/_____/_____

**For Accounts Departments office use only**

Invoice number: _____

Name of Cashier: _____

Signature of Cashier: _____Date: _____/_____/_____