# MINISTRY OF FISHERIES AND BLUE ECONOMY &

# SEYCHELLES FISHERIES AUTHORITY

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**APPLICATION FOR THE CERTIFICATE OF REGISTRATION FOR CONCESSION FOR FISHERIES BUSINESSES**

| | | | | | |
|---|---|---|---|---|---|
| **Category** *(Tick all relevant to this application)* | | **Exporter** | **Processor** | **Boat Owner Company** | **Temporary** |
| **Type of Application** | | **NEW** | | **RENEWAL** | |
| **Name of Applicant** | | | | | |
| **Name of Company** | | | | | |
| **Company Registration Number** | | | | | |
| **Business Address** | **Reg. Office** | | | | |
| | **Postal Address** | | | | |
| **T.I.N** | | | | | |
| **Telephone Number** | | | | | |
| **Email Address** | | | | | |
| **Company License Number** | | | | | |
| **Period of Validity** | **From** | | | | |
| | **TO** | | | | |

**I, _____ certify that those particulars shown in the application are correct and true.**

**Applicants Signature:_____ Date:_____**

**When submitting this application form please also attach the following documents**

1. **In the case of a company for a new application**
   - **Relevant licenses**
   - **Certificate of Incorporation**
   - **Certificate of Registration**
   - **Memorandum of Association**
   - **List of permanent employees**
   - **Name and addresses of company shareholders and Directors**
2. **In the case of a renewal**
   - **only the License valid**

The Ministry of Fisheries and Blue Economy and the Seychelles Fisheries Authority may require the applicant to provide additional information relevant to this application.

**FOR OFFICIAL USE ONLY**

***RECEIPT***

***Date Received:_____ Received by: _____***

***Designation:_____Department:_____***

***RECOMMENDATION***

**SFA's Recommendation: YES:☐ NO:☐**

**If no *( Sate reason why*)_____**

**_____**

**_____**

**Other Request:_____**

**Name: _____ Designation:_____**

**Signature: _____ Date:_____**

***APPROVAL***

**SFA's Approval: YES:☐ NO:☐**

**If no *( Sate reason why*)_____**

**_____**

**_____**

**Other Request:_____**

**Approving Officer:_____Designation:_____**

**Signature: _____ Date:_____**

**FOR: Chief Executive Officer**
**SEYCHELLES FISHERIES AUTHORITY**