MINISTRY OF FISHERIES AND BLUE ECONOMY

SEYCHELLES FISHERIES AUTHORITY

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APPLICATION FOR Fishing Vessel Insurance Scheme

Category *(tick)*		**Renewal**		**New Application**
Name of Boat Owner/ Company				
Company Registration Number				
Boat Owner Registration Number				
Business Address	**Reg. Office**			
	Postal Address			
Telephone Number				
Email Address				
Fishing License Number				
Vessel Registration Number (SZ)				
Insurance Period for	**From**			
	TO			
Surveyor's Report submitted?		**Yes**	**No**	**Date:**
Total Value of Vessel (SCR) *(including engine, fitting and accessories)*				

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

- **A marine surveyor's report and a valuation certificate attesting the sea worthiness of the vessel and its value.**
- **Certificate of Registration in case of a Boat owner-Company**
- **Boat owner registration card in case of an individual Boat owner.**
- **Valid fishing license.**

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

Departmental Checklist

To be completed by Recommending Officer

Validity period of Boat Owner / Company Registration	**From**			
	TO			
Validity period of Fishing License	**From**			
	To			
Surveyor's Report Valid?		**Yes**	**No**	**Date:**
Value of Vessel less than SCR 2 million				
Confirmed Total Value of Vessel (SCR) *(including engine, fitting and accessories)*				
To be completed upon receipt of confirmation from the Insurer				
Confirmation of application received from Insurer		**Yes**	**No**	**Date:**
Insurer				
Value Insured				
Value to be Paid by SFA				

Name:_____

Signature: _____ Date:_____