



Seychelles Fishing Authority

Fishing Vessels Port Entry Clearance

To be provided 24 hours prior from Port Entry

P.O BOX 449
FISHING PORT
MAHE
SEYCHELLES
Tel: 248 4670300
Fax: 248 4224508 / 4225957
Email: management@sfa.sc

Ref Number: SYC/PEC- 0000

1. Port of call							
2. Port State							
3. Estimated date and time of arrival							
4. Date & Entry Location Inside Seychelles EEZ		Date: _____		Time: _____			
		Latitude: _____		Longitude: _____			
5. Purpose(s) of port call <i>(Please provide details)</i>		<input type="checkbox"/> MEDICAL ASSISTANCE <input type="checkbox"/> VICTUALS/BUNKERS <input type="checkbox"/> REPAIRS <input type="checkbox"/> COLLECT SPARES <input type="checkbox"/> OTHERS _____					
6. Port and date of last port call		Date: _____		Port: _____			
7. Name of the vessel							
8. Flag State & Type Of Vessel							
9. International Radio Call Sign							
10. Vessel contact information							
11. Vessel owner(s)							
12. Certificate of registry ID							
13. IMO ship ID, if available							
14. External ID, if available							
15. IOTC ID							
16. VMS	<input type="checkbox"/> No	<input type="checkbox"/> Yes: National	<input type="checkbox"/> Yes: RFMO(s)	Type:			
17. Vessel dimensions	Length		Beam		Draft		
18. Vessel master name and nationality							
19. VALIDITY PERIOD OF SEYCHELLES FISHING VESSEL LICENCE							
From (dd/mm/yyyy): _____				To (dd/mm/yyyy): _____			
<i>(Leave Blank if vessel is not licensed)</i>							

20. Relevant fishing authorization(s)

Identifier	Issued by	Validity	Fishing area(s)	Species	Gear

21. Relevant transshipment authorization(s)

Identifier	Issued by	Validity

22. TRANSSHIPMENT DONOR INFORMATION CONCERNING DONOR VESSELS

Date	Location	Name	Flag State	ID number	Species	Product form	Catch area	Quantity

23. TOTAL CATCH ONBOARD

24. CATCH TO BE OFFLOADED

Species	Product form	Catch area	Quantity (Kg)	Quantity (Kg)
<i>Big Eye Tuna</i>				
<i>Yellowfin Tuna</i>				
<i>Skipjack</i>				
<i>Marlins</i>				
<i>Sharks</i>				
<i>Others</i>				

25. To be completed by Fishing Vessel's Agent

Completed by : _____

Signature: _____ Date (dd/mm/yy): _____

Vessel's Local Agent : _____

For Official Use Only

SFA Comments :

Signature Of Officer : _____ Date: _____