



SEYCHELLES FISHING AUTHORITY

Fishing Vessel Monitoring System

Form VMS 1.02

Completed forms should be returned to the Seychelles Fishing Authority

P.O Box 449
Fishing Port
Mahé
Seychelles
Tel: (+248) 4670300
Tlx: 2284 SFA SZ
Fax: (+248) 4224508
E-mail: management@sfa.sc

1. Information relating to the owner/charterer of the vessel

Surname: _____ Name: _____

Postal Address: _____

Telephone: _____ E-Mail: _____

Telefax: _____

2. Information relating to the vessel

Name of vessel: _____

Port of registry: _____ Registration Number: _____

Overall Length (m): _____ Length between perpendiculars (m): _____

Engine output (kW): _____ Gross tonnage (tons): _____

Radio call sign: _____

Contact details of vessel:

Telephone: _____

Telefax: _____

Telex: _____

E-Mail: _____

Please complete both pages

3 Characteristics of Inmarsat-C shipboard terminal

Fill in the characteristics of the terminal.

Date purchased: _____

Make and Model: _____

Serial Number: _____

Inmarsat ID (9 digits): _____

DNID _____

DNID Member No. _____

Argos ID: _____

Name and address of operator (*if different from 1 above*):

Tel: _____ Fax: _____ E-Mail: _____

Made at _____ on ____/____/20__

Signature and Stamp _____

FOR OFFICIAL USE

DNID identifier (4 or 5 digits): _____

DNID member number: _____

Land Earth Station issuing DNID: _____

