



# MINISTRY OF AGRICULTURE AND FISHERIES

## SEYCHELLES FISHING AUTHORITY

### APPLICATION FOR CERTIFICATE OF REGISTRATION FOR CONCESSION FOR FISHERIES BUSINESSES.

Category: Processor/Exporter.

Name of Company		
Company Number		
Business Address	Reg. Office	
	Postal Address	
T.I.N		
Telephone Number		
E: mail		
Company License Number		
Period of Validity		
Name and addresses of company shareholders and Directors		1)
		2)
		3)

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

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### FOR OFFICIAL USE ONLY

SFA's Recommendation: YES: NO: Signature: \_\_\_\_\_

Signature of Approving Officer: \_\_\_\_\_ Date: \_\_\_\_\_

FOR: Chief Executive Officer

Seychelles Fishing Authority

The Ministry of Agriculture & Fisheries and the Seychelles Fishing Authority may require to applicant to furnish additional information relevant to application for the purpose of dealing with this application.

When submitting this application form please also attach the following documents

**1. In the case of an individual applicant.**

- **Relevant licenses**
- **National Identity Card**

**2. In the case of a company**

- **Relevant licenses**
- **Certificate of Incorporation**
- **Memorandum of Association**
- **List of permanent employees**