



SEYCHELLES FISHING AUTHORITY

P.O Box 449,
Fishing Port, Mahé,
Republic of Seychelles
Telephone: 670300 Fax: 224508 E-mail: management@sfa.sc



Please address all Correspondence to the Chief Executive Officer

APPLICATION FOR LOCAL FISHING ACTIVITY LICENCE ARTISANAL FISHERY (CLASS 4 & 5 FISHING VESSELS)

Name of Applicant _____

NIN ---- DOB --

Company registration no. _____

Business / postal address _____

Tel No. _____ Fax No _____ e-mail _____

Name of vessel owner or chartered if different from above _____

VESSEL DETAILS

Name of Owner _____

Name of Skipper _____

Name of Vessel _____ Registration no. _____

Type of Vessel _____

Class of vessel _____ IOTC No. _____

Vessel Length (m) _____ Vessel width (m) _____

Gross Registered Tonnage _____ Net registered Tonnage _____

Engine Type and Horsepower _____

Radio Call Sign _____ Frequency _____

Intended Port/ Landing Site of Operation: _____

ACTIVITY TO BE PERMITTED

- Hand Line¹
- Demersal Drop Line
- Spanner Crabs
- Sea Cucumber
- Deep Water Shrimp
- Long Line Tuna and Tuna Like Species

¹ Class 4 Fishing Vessel Only

MEMBERSHIP (If Applicable)

Name of Boat or Fishing Association: _____

CONDITIONS

Requirement for disposal of by catch: AS PER FISHERIES ACT AND REGULATION

Reporting requirement: AS PER FISHERIES ACT AND REGULATION, AND OTHER APPLICABLE CONDITIONS FOR FISHERY BEING AUTHORIZED

VMS requirement: AS PER FISHERIES ACT AND REGULATION AND ESTABLISHED COMMUNICATION PROTOCOL

Authorised port of landing: PORT VICTORIA MAHE SEYCHELLES

Are you a government employee? Yes No

(if yes you should seek approval from department of public administration before submitting your application)

I hereby certify that the particulars given above are true and correct

DATE ----- SIGNATURE OF APPLICANT -----

FOR OFFICIAL USE

SFA Number:

License fee SR... .. Processing fees SR

Cash/Cheque No... .. Receipt No

Signature of Cashier:
