



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
SMALL SCALE FISHERIES (ON FOOT)

Name of Applicant _____

NIN (As Applicable) ————

DOB (As Applicable) ——

Business Registration Number (As Applicable): _____

Residential / postal address _____

Tel No. _____ Fax No _____ E-mail _____

FISHERY TO BE UNDERTAKEN

- Trap Demersal Fishery
- Octopus
- Lobsters
- Others _____

Intended Port/ Landing Site of Operation: _____

CONDITIONS

Species of fish to be taken: *Species approved by the Seychelles Fishing Authority, pursuant to this Application.*

Area to be fished: Seychelles Waters Only¹

Reporting requirement: *As per Fisheries Act and regulation, and other applicable license conditions for the respective fishery*

VMS requirement; *As per Fisheries Act and regulation*

Authorized landing Place: *In Seychelles ports only*

Are you a government employee? Yes No

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

I certify that the particulars given above are true and correct

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

¹ As defined by the Fisheries Act, 2014

FOR OFFICIAL USE

License fee SR... .. Processing fees SR

Cash/Cheque No... .. Receipt No

Signature of Cashier:
