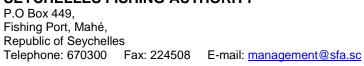


## **SEYCHELLES FISHING AUTHORITY**





Please address all Correspondence to the Chief Executive Officer

## APPLICATION FOR LOCAL FISHING ACTIVITY LICENCE SEMI INDUSTRIAL FISHERY (CLASS 4 & 5 FISHING VESSELS)

Name of Applicant	
NIN DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	_
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 Spanner Crabs	pecies

<sup>&</sup>lt;sup>1</sup> 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  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 $\square$ No $\square$ (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
Signature of Cashier: