

SCHEDULE 6I
(Regulation 34(2)(b))



Fiji Government
Fisheries Department

TRANSHIPMENT

PART A – Owner’s details (additional form)

1 Name of Company

2 Postal address

Postcode

3 Contact person’s name

Business phone

Mobile

Fax

Email address

PART B – Master’s details

1 Name of Master

2 Nationality

Passport no

PART C – Carrier Vessel details

1 Name of Vessel

2 Carrying Capacity[mt]

3 Call Sign

4 Flag

PART D – Transhipment information

1 Vessels to tranship catch from

Vessel Name	Call Sign	Area [port, EEZ]

PART E – Declaration by Agent/Owner
IMPORTANT

I, the Owner detailed in Part A, apply for the grant of a Transhipment Authorisation in respect of the vessels described in Part D, and

- Declare that the information provided on this form is, to the best of my/our knowledge, true and correct.

Signature and date

DD/MMM/YY

Full name

Position held in the Company (if applicable)

Company seal (if applicable)

PART F –OFFICIAL USE ONLY

1. Status- approved/ note approved/ pending

2. Amount Received

3. Receiving Officer

4. Signature & date

5. Receipt No

Official seal