

ICCAT TRANSHIPMENT DECLARATION

Carrier vessel						Fishing vessel			
Name of vessel and radio call sign						Name of the vessel and radio call sign			
Flag						Flag			
Flag State authorization number						Flag State authorization number			
National Register Number						National Register Number			
ICCAT Register Number, if available						ICCAT Register Number, if available			
External identification									

Departure	Day	Month	Hour	Year	2_0_	Agent's name:	Master's name of LSTLV:	Master's name of Carrier:
Return				from		Signature:	Signature:	Signature:
Transshipment				to				

Indicate the weight in kilograms or the unit used (e.g. box, basket) and the landed weight in kilograms of this unit: | | kilograms LOCATION OF TRANSHIPMENT.....

Species	Port	Sea	Type of Product	Type of Product	Type of Product	Type of Product	Type of Product	Type of Product	Type of Product	Type of Product	Type of Product	Type of Product	Type of Product
			Whole	Gutted	Head off	Filletted							

If transshipment effected at sea, ICCAT Observer signature: