

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			
ICCATA Register Number, if available				ICCATA Register Number, if available			
				External identification			
				Master's name of LSTLV:		Master's name of Carrier:	
Agent's name:				Signature:		Signature:	
Departure				Day	Month	Year	
Return				Day	Month	Year	
Transshipment				Day	Month	Year	

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.....

[illegible]

If transshipment effected at sea, ICCAT Observer signature:

附件五