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

	Day	Month	Hour	Year	|2_|0_|__|__|	Agent's name:	Master's name of LSTLV:	Master's name of Carrier:
Departure	|__|__|	|__|__|	|__|__|	from	|_____|			
Return	|__|__|	|__|__|	|__|__|	to	|_____|	Signature:	Signature:	Signature:
Transshipment	|__|__|	|__|__|	|__|__|		|_____|			

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
				Whole	Gutted	Head off	Filleted						

If transshipment effected at sea, ICCAT Observer signature: