
1. NAME OF RIGHT HOLDER: __________________________________________________  ______________________________
   FISHERIES SECTOR: ______________________________________________________
   RIGHT NUMBER: ___________________________ (e.g HDSM 00014)

2. CATEGORY BEING APPLIED FOR:

   From the list below please tick the category that you are applying for in this form.

   Permanent replacement ☐  Temporary replacement ☐
   Additional assistance ☐  Permanent assistance ☐

FOR OFFICIAL USE ONLY:

Submitted by (Client name): ________________________________________  Signature
Date submitted by client: ____________________________
Received by (CSC Official name): ____________________________  Signature
Date received by CSC Official: ____________________________

Notification letter attached ☐  Letter of CATCHING agreement attached ☐  Authorisation letter (consultants) ☐

NOTE: An application fee of R240.00 is payable for each vessel per category being applied for. (e.g i) if two additional assistance vessels are applied for a total fee of R480 is applicable, ii) if two vessels are being replaced by one vessel an application fee of R240 is applicable, iii) if one vessel is replaced by three vessel a total fee of R720 is applicable).

Application fee paid ☐

RECEIVED DATE STAMP (CSC)  RECEIVED DATE STAMP (MRM)
3. IMPORTANT INFORMATION – YOU MUST READ THIS CAREFULLY BEFORE FILLING IN AND SUBMITTING YOUR APPLICATION

3.1 The application form must be completed in full (all fields are compulsory).

3.2 The following minimum requirements should be met and required documents should be attached for this application to be considered. Minimum required documents are listed below.

3.2.1 Notification letter of vessel change addressed to the Department
3.2.2 Detailed letter of agreement between Right Holder and Vessel Owner (for non vessel owners)
3.2.3 Authorisation letter (for representative or consultant)

3.3 All documents attached to this application must be either original or certified copies of the originals (no photocopies of certified documents will be accepted).

3.4 Only one original application is required.

3.5 The application will be accepted as follows:

3.5.1 Hand delivered to the Department of Agriculture, Forestry and Fisheries, Branch: Fisheries Management, Customer Services Centre, Ground floor, Foretrust Building, Martin Hammerschlag Way, Foreshore, Cape Town 8001 or,

3.5.2 Prepaid registered post to the “Department of Agriculture, Forestry and Fisheries, Branch: Fisheries Management, Customer Services Centre, Private Bag X2, Roggebaai, 8012”.

NB: You may not submit an application by telefax or email (scanned documents). An application submitted by way of telefax or email will not be considered.

3.6 Kindly note that your application is pre-approved subject to you submitting required documentation as stipulated in parts 3.2 and 3.3 but it does not guarantee entitlement to a license and/or permit.

3.7 The Department will decline this application, should

3.7.1 false or falsified documentation be provided, or
3.7.2 misleading false statements form part of the application, or
3.7.3 if not all requirements have been met

3.8 This Application Form must be signed by the Right Holder or by a duly authorised representative of the Right Holder. Such duly authorised representative must be authorised by the Right Holder and such proof must be attached to this application as stipulated in paragraphs 3.2 and 3.3 of this important information part.
4. PARTICULARS OF AUTHORISED CONTACT AUTHORITY / REPRESENTATIVE

Authorised Principal Contact Person/Representative:

4.1 Title: __________________________

4.2 Position: ________________________________

4.3 First Names: ________________________________

4.4 Surname: ________________________________

4.5 Tel number: ________________________________

4.6 Fax number: ________________________________

4.7 Cell number: ________________________________

4.8 Postal address: __________________________________

______________________________________

______________________________________

4.9 E-mail address: __________________________________

5. APPLICATION DETAILS (IF NECESSARY, COPY THE TABLE, COMPLETE AND ANNEX IT TO THE APPLICATION)

<table>
<thead>
<tr>
<th>Vessel(s)</th>
<th>NAME AND REGISTRATION OF THE NOMINATED VESSEL(S)</th>
<th>NAME AND REGISTRATION OF THE REPLACEMENT VESSEL(S)</th>
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<tbody>
<tr>
<td>EXAMPLE</td>
<td>DE GOEDE HOOP CTA 231</td>
<td>DROMEDARIS HTB 453</td>
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</tbody>
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6. DECLARATION BY APPLICANT/ DULY AUTHORISED REPRESENTATIVE

I, the undersigned, declare that the information provided in this application is true and correct-

SIGNED AT ________________________________ THIS _______ DAY OF ________________________ 20____

Applicant’s full names: ______________________________________________________

Applicant’s signature (Duly authorised representative): ________________________________