

Appendix 24 IATTC TRANSHIPMENT DECLARATION

Applied by ☐ a tuna longliner ☐ a carrier vessel

Carrier vessel										Fishing vessel										
Name of vessel and radio call sign										Name of vessel and radio call sign										
Country flag					IMO Number					Country flag					IMO Number					
Flag state license number										Flag state license number										
National Register Number										National Register Number										
IATTC Register Number										IATTC Register Number										
		Day	Month	Hour	Year					Agent's Name:					Master's name of LSTV			Master's name of Carrier:		
Departure						Fro m														
Return						To				Signature					Signature			Signature		
Transship- ment																				
Indicate the weight in kilograms or the unit used (e.g. box, basket) and the bonded weight in kilograms of this unit: kilograms																				
LOCATION OF TRANS- SHIPMENT:				Period of Harvesting the Catch Transshipped From day month year To day month year																
Species (*)		Port		Sea (EPO, WPO, Overlap area		Type of Product														
						Whole	Gutted	Gut- ted& Headed	Filleted	GG	DR	Other	Total							

Signed by the observer if the transshipment is made at sea:

(*) Applies to all tuna and tuna-like species and sharks

Catch remaining on board

Species	Processing Type	Catch Remaining Onboard (kg)

- Notes:
- 3. No need to fill for carrier vessels.
 - 4. No need to provide to the observer in case of at-sea transshipment.