

Appendix 5 Transshipment Notification

- ☐ Applied by a saury fishing vessel
- ☐ Applied by a carrier/processing vessel

<u>ADVANCE NOTIFICATION FOR TRANSSHIPMENTS (1/2)</u>					
<u>PART I – VESSEL INFORMATION</u>					
	<u>INFORMATION</u>	<u>OFFLOADING VESSEL</u>	<u>RECEIVING VESSEL</u>		
<u>1</u>	Vessel Name				
<u>2</u>	Flag State				
<u>3</u>	IMO number				
<u>4</u>	IRCS, if eligible, or registration number				
<u>5</u>	Start of Trip				
	Port Name				
	Date of Departure				
<u>6</u>	End of Trip (if known)				
	Port Name				
	Date of Entry				
<u>PART II – INFORMATION ON ANTICIPATED TRANSSHIPMENT</u>					
<u>7</u>	Transshipment Location	<input type="checkbox"/> High Seas, In Convention Area <input type="checkbox"/> In Port <input type="checkbox"/> High Seas, Outside Convention Area <input type="checkbox"/> NW			
	Port Name (if applicable)				
	NW (if applicable)				
	Latitude and Longitude (estimated)	Latitude	Longitude		
<u>8</u>	Estimated Transshipment Start Date (DD-MM-YYYY)				
<u>9</u>	Estimated Transshipment Start Time (e.g., 23:15)				
<u>PART III – VERIFICATION</u>					
<u>10</u>	<u>Vessel Master / Vessel Owner or Company</u>				
	Name				
	Nationality				
	Email address (as applicable)				
	Telephone number (as applicable)				

	Signature						
11	<u>Observer (for the receiving vessel only, if applicable)</u>						
	<u>Name</u>						
	<u>Nationality</u>						
	<u>Signature</u>						
<u>ADVANCE NOTIFICATION FOR TRANSSHIPMENTS</u> <u>(2/2)</u>							
In completing this form, ensure the estimated information is as accurate as reasonably possible.							
Weight (kg) or unit used (e.g. box, basket), and the estimated total weight in kg:							
FAO Code	Geographic Location	State of Fish (FRS or FRZ)	Type of product (whole, G&G, etc.)	Unit	Kg per unit	Number of Units	TOTAL (kg)

Other information to be submitted:

- Offloading vessel/receiving vessel Registration No. (if applicable): CT ____ - _____
- Fishing period for the current catch to be transshipped (for offloading vessel only):
From _____ year _____ month _____ day
To _____ year _____ month _____ day
- Estimated location for landing (for offloading vessel only): _____
- Auxiliary tender vessel (if applicable)
Vessel name: _____

IMO number: _____

IRCS: _____

Notes:

1. This form shall be filled out in English.
2. Format for estimated date for transshipment shall be DD-MM-YYYY.
3. Estimated time for transshipment shall be 24-hour clock (UTC).
4. Example to specify latitude and longitude: 40°26'N,79°58'W.
5. The FAO Codes for major NPFC species are SAP (saury), MAS (chub mackerel), JAP (Japanese sardine), OFJ (neon flying squid), and SQL (Japanese flying squid).
6. Geographic location: CA (Convention Area), Outside CA (outside Convention Area), and NW (national water).

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