ICCAT TRANSHIPMENT DECLARATION

Carrier vessel
Name of vessel and radio call sign
Flag
Flag State authorization number
National Register Number
ICCAT Register Number, if available

Fishing vessel
Name of the vessel and radio call sign
Flag
Flag State authorization number
National Register Number
ICCAT Register Number, if available
External identification

	Day	Month	Hour	Year	2_0_ _
Departure	_ _	_ _	_ _	from	
Return	_ _	_ _	_ _	to	
Transshipment	_ _	_ _	_ _		

Agent's name:
Signature:

Master's name of LSTLV:
Signature:

Master's name of Carrier:
Signature:

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: