

FORM 10
KINGDOM OF TONGA



The Fisheries Management Act 2002

APPLICATION FOR A FISH PROCESSING ESTABLISHMENT LICENCE
(Fisheries (Local Fishing) Regulations 1995 - Regulation 18)

Answer all the questions on this form either by filling in the spaces provided or checking the appropriate answer.

DETAILS OF APPLICANT AND PREMISES

Name of applicant (*if applicant is a registered company, give name and address and registered number*):

Address:

Fax:

Telephone:

Name of premises:

State whether applicant is owner or lessee of premises:

Address:

Fax:

Telephone:

Name of landlord (if applicable):

Address:

Fax:

Telephone:

Provide details of any joint ventures or contractual arrangements with or in Tonga in connection with the proposed operations:

DETAILS OF FISH PROCESSING OPERATIONS

Species of fish to be processed: _____

Sources of supply: _____

Nature of processing operation: _____

Number of persons to be employed by the operation: _____

Products: _____

Please attach a full description of the premises, including a plan of the premises, a description of the construction and maintenance standards and sanitation facilities.

DECLARATION BY APPLICANT

I apply for a fish processing establishment licence in respect of the premises described above. I declare that the above information is true, complete and correct. I understand I am required to report within 7 days to the Secretary for Fisheries any changes to the information given on this form and further understand that failure to do so may render me liable to prosecution.

Applicant

Date

This application is to be forwarded to the Secretary for Fisheries at the address shown below and is to be accompanied by the prescribed fee and a certified copy of the certificate of registration.

The Secretary for Fisheries
Department of Fisheries
P.O. Box 871
Nuku'alofa
Kingdom of Tonga

Telephone: (676) 21399
Telex: 66369 PRIMO TS
Fax: (676) 23891