

## Appendix 5 Transshipment Notification

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

ADVANCE NOTIFICATION FOR TRANSSHIPMENTS (1/2)			
PART I – VESSEL INFORMATION			
	INFORMATION	OFFLOADING VESSEL	RECEIVING VESSEL
1	Vessel Name		
2	Flag State		
3	IMO number		
4	IRCS, if eligible, or registration number		
5	Start of Trip		
	Port Name		
	Date of Departure		
6	End of Trip (if known)		
	Port Name		
	Date of Entry		
PART II – INFORMATION ON ANTICIPATED TRANSSHIPMENT			
7	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
8	Estimated Transshipment Start Date (DD-MM-YYYY)		
9	Estimated Transshipment Start Time (e.g., 23:15)		
PART III – VERIFICATION			
10	Vessel Master / Vessel Owner or Company		
	Name		
	Nationality		
	Email address (as applicable)		
	Telephone number (as applicable)		

	Signature						
<b>11</b>	<b><u>Observer (for the receiving vessel only, if applicable)</u></b>						
	<u>Name</u>						
	<u>Nationality</u>						
	<u>Signature</u>						
<b><u>ADVANCE NOTIFICATION FOR TRANSSHIPMENTS</u></b> <b><u>(2/2)</u></b>							
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:

1. Offloading vessel/receiving vessel Registration No. (if applicable): CT \_\_\_\_ - \_\_\_\_\_
2. Fishing period for the current catch to be transshipped (for offloading vessel only):  
 From \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day  
 To \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day
3. Estimated location for landing (for offloading vessel only): \_\_\_\_\_
4. 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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