

Form No.3



**THE UNITED REPUBLIC OF TANZANIA DEEP
SEA FISHING AUTHORITY**

**APPLICATION FORM FOR ACCREDITATION OF AN AGENT FOR FISHING
VESSEL**

(Made under regulation 45(1))

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Name of Applicant:
Physical address:
P.O. Box: Telephone number: facsimile Email:
Date: / /

To
The Director General
P.O. Box 56 Fumba -
Zanzibar TANZANIA

1. I, Apply for accreditation as an Agent for foreign fishing vessel(s) that intend to fish in the Tanzania Exclusive Economic Zone.

2. The registered office of the Company is located.....
.....

3. The head office of the Company is located at.....
.....

4. List of shareholders, of the company

	Name	Nationality	Number of shares
a)
b)
c)
d)
e)

Deep Sea Fisheries Management and Development

GN No. 334 (Contd.)

.....

5. Name(s) and address of persons managing the Company business

.....
.....
.....
.....

Yours faithfully,

.....
(Authorized Signature)

Please attach the following documents:

- a) Certified Certificate of Incorporation;
- b) Certified Copy of Memorandum and Article of Association of the Company;
- c) Copy of valid business license issued by a relevant authority;
- d) Audited financial statements for the previous 3 years (if applicable) and Any other relevant information.