



Catch Tagging Form Document Numbers

CATCH / HARVEST SECTION - Tick and complete only one part

| | | | |
|--|---|---------------------|---------------------------|
| <input type="checkbox"/> For Wild Fishery | Name of Catching Vessel | Registration Number | Flag State/Fishing Entity |
| Or | | | |
| <input type="checkbox"/> For Farmed SBT | CCSBT Farm Serial Number | Name of Farm | |
| | | | |
| | Document Number(s) of associated Farm Stocking (FS) Form(s) | | |
| | | | |

Description of Fish

| | | | | | | |
|--|------------------------------------|------------------------------------|--------------|---|-----------------|--|
| Product: F (Fresh) / FR (Frozen) | Type: RD/GGO/GGT/DRO/DRT/FL/OT* | Month of Catch/ Harvest (mm/yy) | Gear Code | CCSBT Statistical Area | Net Weight (kg) | Total Number of whole Fish (including RD/GGO/GGT/DRO/DRT) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| * For Other (OT): Describe the Type of Product | | | | * For Other (OT): Specify Conversion Factor | | |

| | |
|--|---|
| Name of Processing Establishment (if applicable) | Address of Processing Establishment (if applicable) |
| | |

Validation **by Authority (not required for exports transhipped at sea)**: I validate that the above information is complete, true and correct to the best of my knowledge and belief.

| | | |
|----------------|-----------|------------------|
| Name and Title | Signature | OFFICIAL SEAL |
| | Date | |

INTERMEDIATE PRODUCT DESTINATION SECTION - (only for transshipments and/or exports) - tick and complete required part(s)

| | | | | | |
|---|---|------|---------------------|---------------------------|--|
| <input type="checkbox"/> Transshipment | Certification by Master of Fishing Vessel : I certify that the catch/harvest information is complete, true and correct to the best of my knowledge and belief. | | | | |
| | Name | Date | Signature | | |
| | Name of Receiving Vessel | | Registration Number | Flag State/Fishing Entity | |
| | | | | | |
| | Certification by Master of Receiving Vessel : I certify that the above information is complete, true and correct to the best of my knowledge and belief. | | | | |
| | Name | Date | Signature | | |
| | Signature of Observer (only for transshipment at sea): | | | | |
| | Name | Date | Signature | | |

| | | | | |
|--|------------------|-------------------|----------------------|---------------------------------------|
| <input type="checkbox"/> Export | Point of Export* | | | Destination (State/Fishing Entity) |
| | City | State or Province | State/Fishing Entity | |

* For transshipments on the high seas, enter the CCSBT Statistical Area instead of State/Fishing Entity and leave other fields blank.

Certification **by Exporter**: I certify that the above information is complete, true and correct to the best of my knowledge and belief.

| | | | |
|------|----------------------------|------|-----------|
| Name | Licence No. / Company Name | Date | Signature |
| | | | |

Validation **by Authority**: I validate that the above information is complete, true and correct to the best of my knowledge and belief.

| | | |
|----------------|-----------|------------------|
| Name and Title | Signature | OFFICIAL SEAL |
| | Date | |

FINAL PRODUCT DESTINATION SECTION - tick and complete only one destination

| | | | | | | |
|--|--|---------|------|-----------|--------------------------------|-------------|
| <input type="checkbox"/> Landing of Domestic Product for Domestic sale. | Certification of Domestic Sale: I certify that the above information is complete, true and correct to the best of my knowledge and belief. | | | | | |
| | Name | Address | Date | Signature | Type: RD/GGO/GGT/DRO/DRT/FL/OT | Weight (kg) |
| | | | | | | |
| | | | | | | |

| | | | | | |
|--|-----------------------|-------------------|----------------------|--|--|
| <input type="checkbox"/> Import | Final Point of Import | | | | |
| | City | State or Province | State/Fishing Entity | | |

Certification **by Importer**: I certify that the above information is complete, true and correct to the best of my knowledge and belief.

| | | | | | |
|------|---------|------|-----------|--------------------------------|-------------|
| Name | Address | Date | Signature | Type: RD/GGO/GGT/DRO/DRT/FL/OT | Weight (kg) |
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