





Catch Tagging Form Document Numbers

**CATCH / HARVEST SECTION - Tick and complete only one part**

**For Wild Fishery** Name of Catching Vessel \_\_\_\_\_ Registration Number \_\_\_\_\_ Flag State/Fishing Entity \_\_\_\_\_

Or

**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/GG/DR/FL/OT*	Month of Catch/Harvest (mm/yy)	Gear Code	CCSBT Statistical Area	Net Weight (kg)	Total Number of whole Fish (including RD,GG or DR)
* 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 transshipments 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)**

**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
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Name of Receiving Vessel \_\_\_\_\_ Registration Number \_\_\_\_\_ Flag State/Fishing Entity \_\_\_\_\_

And / Or

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
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Signature **of Observer (only for transshipment at sea)**:

Name	Date	Signature
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**Export** Point of Export\* \_\_\_\_\_ Destination (State/Fishing Entity) \_\_\_\_\_

City	State or Province	State/Fishing Entity
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\* 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
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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**

**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	Weight (kg)	Signature
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**Import** Final Point of Import \_\_\_\_\_

City	State or Province	State/Fishing Entity
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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
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Re-Export      ← Or →       Export after Landing of Domestic Product      (tick only one)

Within this form, the term "Export" includes both exports and re-exports

Full Shipment      ← Or →       Partial Shipment      (tick only one)

Form Number of Preceding Document (Catch Monitoring Form, or Re-Export/Export After Landing of Domestic Product Form)	
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**EXPORT SECTION**

Exporting State/Fishing Entity	Point of Export		
	City	State or Province	State/Fishing Entity

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

Catch Tagging Form Document Numbers (if applicable)

Description of Fish from previous CDS Document			
Flag State/Fishing Entity		Date of previous Import/Landing	
Product: F (Fresh) / FR (Frozen)	Type: RD/GG/DR/FL/OT*	Weight (kg)	Total Number of whole Fish (including RD,GG or DR)
* For Other (OT): Describe the type of product			

Description of Fish being Exported			
Flag State/Fishing Entity		Date of previous Import/Landing	
Product: F (Fresh) / FR (Frozen)	Type: RD/GG/DR/FL/OT*	Weight (kg)	Total Number of whole Fish (including RD,GG or DR)
* For Other (OT): Describe the type of product			

Destination (State/Fishing Entity)

Certification <b>by Exporter</b> : I certify that the above information is complete, true and correct to the best of my knowledge and belief.			
Name	Signature	Date	Licence No. / Company Name

Validation <b>by Authority</b> : I validate that the above information is complete, true and correct to the best of my knowledge and belief.		
Name and Title	Signature	
	Date	

OFFICIAL SEAL

**IMPORT SECTION**

Final Point of Import		
City	State or Province	State/Fishing Entity

Certification <b>by Importer</b> : I certify that the above information is complete, true and correct to the best of my knowledge and belief.			
Name	Address	Signature	Date

NOTE: The organization/person which validates the Export section shall verify the copy of the original CCSBT CDS Document. Such a verified copy of the original CCSBT CDS document must be attached to the Re-export/Export after Landing of Domestic Product (RE) Form. When SBT is Exported, all verified copies of concerned forms must be attached.