

☐ Wild Harvest \longleftrightarrow Or \longrightarrow ☐ Farmed (tick only one)

Document Number of Associated Catch Monitoring Form

CATCH SECTION

Name of Fishing Vessel (or Farm)	Vessel Registration Number (or CCSBT Farm Serial Number)	Flag State/Fishing Entity

Information on Other form(s) of Capture (eg. Trap)

Tag Information

[illegible]

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

Name	Signature	Date	Title



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
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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/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)
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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
	Date

OFFICIAL
SEAL

• **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.		
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Name	Date	Signature
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And /
Or

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Name of Receiving Vessel	Registration Number	Flag State/Fishing Entity
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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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<input type="checkbox"/> Export	Point of Export*	Destination (State/Fishing Entity)
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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
	Date

OFFICIAL
SEAL

• **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.			
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Name	Address	Date	Weight (kg)	Signature
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<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
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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)

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

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 **by Exporter**: 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 **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
	Date

OFFICIAL SEAL

IMPORT SECTION

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	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.