

Application to re-register as an Amateur-Fishing Charter Vessel Operator

Ministry for Primary Industries
Manatū Ahu Matua



Operator Details

Operator Number

Operator Legal Name

Postal Address *(number, street, suburb, city, postcode)*

Post Code

Daytime Telephone Number

I have read the vessel details report provided to me with this form and confirm those details remain the same and can therefore be relisted.

Or

I have read the vessel details report provided to me with this form and confirm that changes are required to those details. The required changes are attached to this form.

and

I confirm those details provided in the original Amateur Fishing Charter Vessel Operator form remains the same. Please advise any new information.

Declaration

If you are listed as a company, please have at least two directors sign the declaration.

If you are listed as a trust please ensure all trustees sign the declaration.

If you are listed as a partnership, please ensure all partners sign the declaration.

I declare that:

- The information I have given on this application is true and correct;
- I am authorised to provide this information and make this declaration;
- I am aware it is an offence to knowingly provide false or misleading information or omit any material information to obtain a benefit under the Fisheries Act 1996;
- I understand the applicant is required to notify FINNZ if there are any changes in the particulars I have provided in this application form;
- I have read and understood the "Collection of Personal Information" explanation supplied with this form;

If there are more signatories than space provided make further declarations on a copy of this page.

Full Legal Name (Please PRINT)	Position	Signature	Date
			/ /
			/ /
			/ /

Collection of Personal Information

In regard to any information being collected on this form that is personal information:

- This information is being collected for purposes relating to the management of fisheries resources in accordance with the Fisheries Act 1996
- The agency that will collect and hold this information is FINNZ (PO Box 24441, Wellington, 6140)
- The collection of this information is mandatory under the Fisheries (Amateur Fishing) Regulations 1986
- It is an offence under the Fisheries Act 1996 and the Fisheries (Amateur Fishing) Regulations 1986 to neglect or refuse to supply the information required, to fail to complete and furnish any of the required information, to make a false or misleading statement or entry of information
- You are reminded that under the Privacy Act 1993, you have the right of access to, and correction of, any personal information which has been provided.

Payment Details

I have enclosed a cheque for \$54.00 payable to FINNZ (PO Box 24441, Wellington 6140)

Or

I have paid \$54.00 by bank deposit to FINNZ
Westpac bank account number 03-0049-0001709-03. (Please use operator number as reference)

Or

I wish to pay \$54.00 by credit card:

Visa

MasterCard

Card Number

Expiry Date

Card Holders Name

Card Holders Signature

FINNZ Use Only

Application Fee \$ _____

Receipt No _____

Data entry completed ___/___/___

Amount \$ _____

Initials _____

OFFICE USE ONLY

DATE RECEIVED