FORM 21

[Regulation 56 (1)]

APPLICATION FOR A TEST FISHING LICENCE

Name of Applicant
Postal and physical address (if company, registered office), phone and fax numbers, and e-mail
Address
Telephone Number Fax number
Purpose of test fishing exercise
Expected duration of exercise
Description of fishing methods
Type and quantity of fishing gear to be used
Proposed fishing area

Signature of Applicant
Name and Designation of Applicant
Date: