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



**Fisheries New Zealand** Tini a Tangaroa

## **Operator Details**

	Operator Number       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.						
	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.						
	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.	<ul> <li>I declare that:</li> <li>The information I have given on this application is true and correct;</li> <li>I am authorised to provide this information and make this declaration;</li> </ul>						
If you are listed as a trust please ensure all trustees sign the declaration.	<ul> <li>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;</li> </ul>						
If you are listed as a partnership, please ensure all partners sign the declaration.	<ul> <li>I understand the applicant is required to notify FINNZ if there are any changes in the particulars I have provided in this application form;</li> <li>I have read and understood the "Collection of Personal Information" explanation supplied with this form;</li> </ul>						

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
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			/ /
			/ /

## Privacy Act 2020 - Collection of Personal Information

Your personal information is being collected to enable your application to be processed.

The agency collecting and holding this information is FishServe Innovations New Zealand Limited (FINNZ), PO Box 24441, Wellington, 6140.

The collection of this information is required under section 53(3) of the Fisheries (Amateur Fishing) Regulations 2013. It is not mandatory that you supply this information, but your application may not be processed if you do not provide all the information requested on this form.

You have the right to access and correct your personal information.

## **Payment Details**

Or

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

I wish to pay \$54.00 by credit card, please contact me.

FINNZ Use Onl	у			OFFICE USE ONLY
Application Fee	\$	Receipt No	 Data entry completed//	
Amount	\$	Initials		
				DATE RECEIVED