

# Form 1: Application to register as an Amateur Fishing Charter Vessel Operator

(Note: you will need to finish this application online by providing the details of the vessels you propose to use)



**Fisheries New Zealand**

Tini a Tangaroa

## PART 1: Operator details

Please complete **either** section A **or** Section B by choosing which section best describes your amateur fishing charter vessel operation. After completion move onto sections C and D.

### **A** *Either* complete Section A if you are a Company or Incorporated Society

*Note: A Company also includes a limited liability company, a body corporate and a statutory body with corporate status.*

Please tick one:

Company

Incorporated Society

Legal name of Company or Incorporated Society

  

### **B** *Or* complete Section B if you are an Individual, Partnership, Trust, Joint Individuals

Please tick one:

Partnership

Trust

Individual

Joint Individuals

*For each partner/trustee/individual please specify the Full Legal Name and Date of Birth, Commencement or Incorporation Date.*

Full Legal Name	Date of Birth or Incorporation
	/ /
	/ /
	/ /
	/ /

If there are more individuals than space provided, please continue on a photocopy of this page.

Trust Name (if applicable)

*Please note you are required to provide one of the following additional documents. Tick if you have included:*

Copy of Partnership agreement *(if a partnership)*

Copy of Trust deed *(if a trust)*

Proof of identity of **each** individual *(if Individual or Joint Individuals)*

**C All Applicants must provide the following business details where applicable**

**Trading As**

Please specify your trading name (if any). This cannot be the name of a registered company

Trading as (if applicable)

**Commencement date**

Please specify the date that the entity was formed. (Leave blank if trading as an individual)

Commencement date

**Banned Person**

Please indicate whether or not the entity or people recorded on page one of this form are currently banned from amateur / recreational fishing by a NZ court

Banned Person(s)

 Yes  No

**D All Applicants must provide the following communication details**

**Commercial Client Number**

If you are or have been a commercial fisher, please specify your commercial client number

Commercial Client Number (if applicable)

If the following details are the same on your commercial details and you would like FINNZ to advise FishServe of these or any changes you subsequently may make please tick here.

**Telephone Numbers**

At least one telephone number must be provided

Daytime telephone number

After hours telephone number

Mobile

Fax (if applicable)

**Email**

Your email address will never be used for any other purpose or provided to any other organisation

Email

Website (if applicable)

To help reduce our environmental impact we prefer to send Charter Vessel Operator listing communications electronically. If you would rather receive communications as a letter, please tick the area indicated

I do **not** want to receive any listing-related communications by email

**Postal Address**

If you have a Registered Office Postal Address, please provide this otherwise please specify the applicant's Residential Postal Address

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

  

Post Code

**Physical Address**

Complete this only if your street address is different from your Postal address

Physical Address

Tick if same as postal address

## PART 2: Approved user details

### A Approved User details (Note: at least one approved user must be provided to allow completion of this application online)

An Approved User may log on to the Amateur Fishing Charter website to:

- Apply to list a vessel
- Add or remove skipper / guides
- Add or remove contact people
- Update contact details
- Re-list as an Operator

First or given name(s)

Surname or family name

Preferred name

Date of Birth

#### Banned Person

Please indicate whether or not this person is currently banned from amateur / recreational fishing by a NZ court

Banned Person

Yes

No

### B All Approved Users must provide the following communication details

*Note: If a telephone number, email or postal address is the same as that provided for the Operator in Part 1, you don't need to enter it in again but can simply tick the box beside that field.*

Please provide at least one telephone number and an email address. If the field is the same as that recorded in the Operators listing details then simply place a tick in the box adjacent to the field

Daytime telephone number

After hours telephone number

Mobile

Email

Please provide a postal address. If this is the same as the postal address recorded in the Operators listing details then simply place a tick in the box

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

  

### C All Approved Users must provide a security question as proof of identification

To allow for a person who is approved by the operator to change registration details or add vessels and to log on to the system. Please enter a question and answer known only to the approved user

Security question

Answer

### D All Approved Users must complete the following declarations

I, the approved user, have read and understood the "Collection of Personal Information" explanation at the end of this form

Signature

Date

# PART 3: Declaration

Have you used additional pages?

No

Yes



Total number of additional pages

## All Applicants must provide the following declaration

### Declaration

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

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

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

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

### 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" details supplied with this form;

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

### Notes

- Upon successful listing as an Amateur Fishing Charter Vessel Operator, you will be issued with an operator number. This number is unique and will be used to identify the Operator and all its dealings with FINNZ and the Ministry for Primary Industries. If the Operator is also commercial operator and the commercial client number has been provided, then you may use this number for your dealings with FINNZ and the Ministry for Primary Industries.
- Approved Users will be emailed instructions on how to complete the listing process.
- Incomplete forms will be returned to the applicant and may result in a delay with the processing of the application.

### 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.

### FINNZ Use Only

Application Fee \$ \_\_\_\_\_

Receipt No \_\_\_\_\_

Data entry completed \_\_\_/\_\_\_/\_\_\_

GST \$ \_\_\_\_\_

Initials \_\_\_\_\_

Amount \$ \_\_\_\_\_

Client number

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OFFICE USE ONLY

DATE RECEIVED