

REPUBLIC OF LIBERIA
MINISTRY OF AGRICULTURE



P. O. Box 10-9010
1000 Monrovia, 10 Liberia

AGENT (CY) APPLICATION FORM

SECTION A: Agent (cy) Business Details/Experiences

Full Name of Agent (cy):

Previous Name of Agent (cy) (If any):

Name of Directors (if applicable):

- a. Nationality:
- b. Nationality:
- c. Nationality:
- d. Nationality:

Agent (cy) Date of Establishment:

Agent (cy) Business Address:

Evidence of Association

- a. Memorandum of Understanding (MOU); Yes No If Yes; attach copy
- b. Signed Agreement: Yes No If yes; attach copy
- c. Other Yes No If yes, attach a copy

Business Registration Certificate: Yes No If yes; attach copy

List Landed Property owned and value in US Dollars

- a.
- b.
- c.

Tax Clearance Certificate: Yes No If Yes; attach copy

How many years of experience do you have in the fishing industry?

SECTION B: Characteristics of Vessel (s) under Agent (cy)

Number of Vessels: Foreign: Local:

Vessel particulars

- 1. a. Name of Vessel:; GRT:; Length:; Weight:
b. Type of Vessel:
c. Name of Owner: Nationality:
- 2. a. Name of Vessel:; GRT:; Length:; Weight:
b. Type of Vessel:
c. Name of Owner: Nationality:
- 3. a. Name of Vessel:; GRT:; Length:; Weight:

b. Type of Vessel:

c. Name of Owner:

Nationality:

DECLARATION

I certify that the information provided herein is true to the best of my knowledge. Any information contrary shall be a ground for rejection of my application.

Signed:

FOR OFFICIAL USE ONLY

Approval: Yes No

Registration No.:

Recommended by:

CHAIRMAN/ LICENSING COMMITTEE

Approved by:

COORDINATOR BNF/MOA