

DEPARTMENT OF FISHERIES
MINISTRY OF AGRICULTURE & FISHERIES

DUTY-FREE APPLICATION
F I S H F A R M I N G

1. Name of Applicant.....
 2. Telephone..... P. O. Box.....
 3. Island.....
 4. Name of Company.....
 5. Type of venture.....
- Signature..... Date.....
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For Official Use Only

Business Licence

Approved By:

Licence #..... Date: