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| | | CERTIFICAT DE CAPTURE DE LA COMMUNAUTE EUROPEENNE - MODELE Français EUROPEAN COMMUNITY CATCH CERTIFICATE - FRENCH MODEL (R(CE) n°1005/2008 du 29 septembre 2008) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Numéro du certificat : (certificate number) | <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">F</td><td style="padding: 2px;">R</td><td style="padding: 2px;">A</td><td style="padding: 2px;">2</td><td style="padding: 2px;">0</td><td style="padding: 2px;">2</td><td style="padding: 2px;">1</td><td style="padding: 2px;">C</td><td style="padding: 2px;">S</td><td style="padding: 2px;">P</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td><td style="padding: 2px;">1</td> </tr> <tr> <td colspan="3">code pays</td> <td colspan="3">année</td> <td colspan="3">departement/PTOM</td> <td colspan="6">n°ordre unique</td> </tr> <tr> <td colspan="3">iso alpha 4</td> <td colspan="13"></td> </tr> </table> | F | R | A | 2 | 0 | 2 | 1 | C | S | P | 0 | 0 | 0 | 0 | 0 | 1 | code pays | | | année | | | departement/PTOM | | | n°ordre unique | | | | | | iso alpha 4 | | | | | | | | | | | | | | | | Partie réservée à l'administration reserved for the administration |
| F | R | A | 2 | 0 | 2 | 1 | C | S | P | 0 | 0 | 0 | 0 | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| code pays | | | année | | | departement/PTOM | | | n°ordre unique | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iso alpha 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom de l'autorité validant le certificat : (name of authority) <div style="text-align: center; color: blue; font-weight: bold;"> CROSSA ETEL Centre de Surveillance des Pêches 40 avenue Louis Bougo - BP 48 56410 ETEL </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adresse : (address) | | Cachet (tampon) : (seal/stamp) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact (tél, fax, mél) : (contact:tel,fax,email) | | <div style="text-align: center; color: blue; font-weight: bold;"> Tél. 02 97 29 34 27 - Fax 02 97 55 23 75 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom du navire de pêche (en capitales) : name of fishing vessel <div style="text-align: center; color: blue; font-weight: bold;"> VIA MISTRAL </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pavillon (code iso alpha 3): <div style="text-align: center; color: blue; font-weight: bold;"> FRA </div> | | Port d'immatriculation (nom/locode) (immatriculation port : name/locode) <div style="text-align: center; color: blue; font-weight: bold;"> CONCARNEAU </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | N°immatriculation Externe(external registration number) <div style="text-align: center; color: blue; font-weight: bold;"> CC 790 948 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicatif d'appel : (IRCS)- (international call sign) <div style="text-align: center; color: blue; font-weight: bold;"> F G R Y </div> | | N° lloyd's/OMI le cas échéant (if issued) <div style="text-align: right; color: blue; font-weight: bold;"> 9017850 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence(s) de pêche et date(s) limite(s) de validité (préciser le type et le n° d'identification si existant). (type of fishing licence, identification if exist and date limit of validity) | | <div style="text-align: center; color: blue; font-weight: bold;"> ICCAT 2020 + ZEE Cote d'Ivoire n°LPUE 001-2020 Val. 31/07/2021 ZEE Angola n°254 Val. 22/08/2021 ZEE Ghana n°18090 Val 31/12/2020 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | N°inmarsat, fax,tél,adresse électronique : le cas échéant <div style="text-align: center; color: blue; font-weight: bold;"> 00 870 322 816 720 viamistral@viamistral.oceanbox.net </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description du/des produits (description of products) <div style="text-align: center; color: blue; font-weight: bold;"> THON TROPICAL CONGELE </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type de transformation autorisée à bord : (type of processing authorized on board) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Espèce (species) | Code du produit (product code) | Zone(s) de capture (FAO,CIEM, CGPM...) | dates capture (catch dates) pds vif estimé(kg) (estimated live weight) pds à débarquer estimé (kg) (estimated weight to be landed -kg) pds débarqué vérifié (kg) (verified weight landed -kg) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YFT | 03 03 42 | FAO 34 + 47 | <div style="text-align: center; color: blue; font-weight: bold;"> du 19/11/2020 au 23/12/2020 85757 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SKJ | 03 03 43 | FAO 34 + 47 | <div style="text-align: center; color: blue; font-weight: bold;"> du 19/11/2020 au 23/12/2020 842200 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BET | 03 03 44 | FAO 34 + 47 | <div style="text-align: center; color: blue; font-weight: bold;"> du 19/11/2020 au 23/12/2020 42262 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Références des mesures de gestion et de conservation applicables : (references of applicable conservation and management measures) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICCAT Number : FRA 00075 + VMS + LIVRE DE BORD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom du capitaine du navire de pêche : (si autre, préciser les nom,qualité, adresse,tél, fax,email) (name of the master of fishing vessel - if different, mention the name,quality,address,telephone,fax,email) | | Signature du capitaine ou du représentant : Signature of the master of fishing vessel or representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: center; color: blue; font-weight: bold;"> Jean-Christophe LE GAL P/o: C.LE ROY </div> | | <div style="text-align: center; color: blue; font-weight: bold;"> C. Le Roy </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Cachet (tampon) : seal/stamp <div style="text-align: center; color: blue; font-weight: bold;"> BOLTON FOOD S.A.S. Ets de Concarneau B.P.640 - 6 rue des Chalutiers 29186 CONCARNEAU Cedex Tél.: 02 98 97 37 90 - Fax: 02 98 97 16 58 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 déclaration de transbordement en mer (declaration of transshipment at sea) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom du capitaine du navire de pêche : (name of master of fishing vessel) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date de transbordement : (date of transshipment) | | zone de transbordement : (transshipment area) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| date de déclaration : (date of declaration) | | position de transbordement : (position of transshipment) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| nom du capitaine du navire receveur : (name of master of receiving vessel) | | signature du capitaine du navire donneur : (signature of the master of the giving vessel) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom du navire receveur : (name of receiving vessel) | | Pavillon (flag): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature du capitaine du navire receveur : (signature of the master of the receiving vessel) | | Indicatif d'appel : (international radio call sign) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | N° lloyd's/OMI le cas échéant (if issued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 7 Autorisation de transbordement dans une zone portuaire (transhipment authorization within a port area) | |
| Nom de l'autorité autorisant le transbordement : (name of the authority of transhipment) | |
| Adresse : (address) | signature de l'autorité : (signature of the authority) |
| Contact (tél, fax, mél): contact (tel,fax;email) | cachet (tampon) : seal/stamp |
| Port de transbordement : (nom/locode) (port of transhipment:name/locode) | Date de transbordement : (date of transhipment) |
| 8 Nom de l'exportateur ou raison sociale pour les personnes morales : (name of exporter or company name for the societies) BOLTON FOOD S.A.S | |
| N° SIRET : 8 5 5 8 0 2 4 8 4 0 0 4 6 6 attribué par l'INSEE lors d'une inscription au répertoire national des entreprises ou N°NUMAGRIN-NUMAGRIT : attribué par le ministère de l'alimentation, de l'agriculture et de la pêche | |
| Forme juridique : <input type="checkbox"/> SNC <input type="checkbox"/> entreprise individuelle <input type="checkbox"/> SA <input type="checkbox"/> SARL <input checked="" type="checkbox"/> autre (préciser) : S.A.S | |
| Adresse/ Siège social pour les entreprises : BOLTON FOOD SAS 11 av.Dubonnet 92407 COURBEVOIE CEDEX (address /head office for societies) Etablissement de CONCARNEAU : 6,rue des Chalutiers / 29900 | |
| Contact (tél, fax, mél): 00.33.2.98.97.37.90 phone / 00.33.2.98.97.16.58 fax/ cleroy@boltonfood.com contact (tel,fax;email) | |
| Date : 31/12/2020 | Signature de l'exportateur ou du mandataire: (signature of the exporter or representative) C. Le Roy |
| En cas de mandataire, préciser les nom, qualité, adresse, tél, fax, email : (in case of representative, mention of the name, quality, address, tel, fax, email) | |
| 9 Validation du certificat de capture par l'autorité de l'Etat du pavillon mentionnée à la section 1 (validation of the catch certificate by the flag state authority mentioned in section 1) | |
| Certificat : Validé <input checked="" type="checkbox"/> Refusé <input type="checkbox"/> (certificate) validated Refused | |
| Date : 05/01/2021 | Signature de l'autorité de validation : (signature of the authority of validation) [Signature] |
| cachet (tampon) :  seal / stamp | |
| 10 information relative au transport : voir l'appendice (transport details : see appendix) | |
| 11 Declaration de l'importateur (importer declaration) | |
| Nom de l'importateur ou raison sociale pour les personnes morales : (name of the importer or company name for the societies) | |
| Adresse/ Siège social pour les entreprises : (address /head office for societies) | |
| Contact (tél, fax, mél): contact (tel,fax;email) | |
| Code NC du (des) produit(s) : (product(s) CN code) | |
| Documents liés à l'importation indirecte : art.14 du R(CE) n°1005/2008 | |
| références : | |
| Date : | Signature de l'importateur : (signature of the importer) |
| cachet (tampon) : (seal /stamp) | |
| 12 Autorité de contrôle à l'importation (import control authority) | |
| Nom/titre : (name/title) | |
| suspendue <input type="checkbox"/> vérification demandée <input type="checkbox"/> validée <input type="checkbox"/> (suspended) (verification requested) (validated) | |
| Importation (cocher la case appropriée) import : tick as appropriate | |
| refusée <input type="checkbox"/> (refused) | le (date) : |
| déclaration en douane (le cas échéant) - (customs declaration : if issued) | |
| Numéro : (number) | Date : lieu : (place) |
| cachet (tampon) : (seal / stamp) | |