WARNING: Please ensure that all information is up to date in order to avoid possible deficiencies or detention at PSC/FSC inspections.

All boxes must be completed. Indicate N/A if ‘not applicable’.

|  |
| --- |
| 1.Name of ship |
|       |
| 2.IMO number |  | 3.Official number |
|       |  |       |
| 4.Date of registration of ship |
| **/       /** |
| 5.Home port of ship |  |  |
|       |
| 6.Registered Owner name and address |
|       |
| 7.Registered Owner IMO identification number |
|       |
| 8.Bareboat Charterer’s name and address (if any) |
|       |
| 9. Charter Company IMO identification number (if any) |
|       |
| 10. Name and address of company responsible for the ship’s International Safety Management System |
|       |
| 11. Address from where the company carries out safety management activities, if other than listed in (10) |
|       |
| 12. Company IMO identification number |
|       |

|  |
| --- |
| 13. Classification societies with which the ship is classed |
|       |
| 14. Administration/Government/Recognised Organisation which issued the Document of Compliance (DOC) |
|       |
| 15. Body that conducted audit, if different from that issuing the DOC |
|       |
| 16. Administration/Government/Recognised Organisation which issued the Safety Management Certificate |
|       |
| 17. Body that conducted audit, if different from that issuing the SMC |
|       |
| 18. Administration/Government/Recognised Organisation which issued the International Ship Security Certificate (ISSC) |
|       |
| 19. Body that conducted audit, if different from that issuing the ISSC |
|       |

**Declaration**

To the best of my knowledge, the information given by me on this application is true and correct in every detail.

Date Place of issue

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Name |  | Telephone |
|       |  |       |
| Signature | Facsimile |
|  |       |
|  | Email address |
|  |       |