

REPUBLIC



OF CYPRUS

**MINISTRY OF COMMUNICATIONS AND WORKS
DEPARTMENT OF MERCHANT SHIPPING
LEMESOS**

Circular No. 54/2004

File : DMS 1/5
DMS 32/6/13

16 November 2004

To all Owners, Managers
and Representatives of
ships registered in Cyprus
To all recognised Classification Societies

**Subject: International Safety Management (ISM) Code
Revision of Documents to be filed by the Owner and the
Company on first notification and for reporting changes
thereafter**

Further to our circular no. 13/2002 dated 29/5/2002 please find attached revised appendix 1 referring to the Documents to be filed by the Owner and the Company on first notification and for reporting changes thereafter.

Serghios S. Serghiou
Director
Department of Merchant Shipping

cc Permanent Secretary, Ministry of Communications and Works
Permanent Secretary, Ministry of Foreign Affairs
Diplomatic and Consular Missions of the Republic
Honorary Consular Officers of the Republic

Cyprus Bar Association
Cyprus Shipping Council
Cyprus Union of Shipowners

MS/CE DMS/MO Piraeus
MS/CHC DMS/MO London
MS/CG DMS/MO New York
CC DMS/MO Rotterdam
CC DMS/MO Hamburg

Encl.

Documents to be filed by the Owner and the Company on first notification and for reporting changes thereafter

1. The documents (ISM Forms) referred to in our circular 13/02 are hereby cancelled and replaced by the ISM Form 01/Revision 02

The said Form must be submitted in original form:

- a. as part of the interim notification process (for Company or ship)
 - b. for reporting changes (particulars of the Company, change of the RO, change of ownership, change of DPA)
2. As per our circular 13/02, Companies are not obliged to seek further authorization from this Department prior to the Initial Audit, or as a result of adding a Type of ship on the existing DoC or for an Annual or a Renewal Audit, provided that:
 - a. The Company has submitted the required Form at the stage of the Interim Certification and received the relevant authorisation.
 - b. The nominated RO has not changed
 - c. Particulars of the Company as stated in the respective ISM Form have not been amended.
 - d. The Auditors verify during the audit that none of the above has been amended; otherwise they should seek an authorization.
 3. Companies are not obliged to seek further authorization from this Department prior to a vessel's Initial, Intermediate or Renewal Audit or as a result of the vessel's change of name provided that:
 - a. The Company has submitted the required Form at the stage of the Interim Certification and received the relevant authorisation.
 - b. The nominated RO has not changed
 - c. Particulars of the Company and of the vessel as stated in the respective ISM Form have not been amended.
 - d. The Auditors verify during the audit that none of the above has been amended; otherwise they should seek an authorization.
 4. Certification of the signatures before the Registrar of Cyprus ships or a judge or a person entitled to administer oaths, when in Cyprus and before a consular officer of the Republic of Cyprus or a notary public, when abroad, is no longer required.
 5. With reference to the assignment of the IMO Unique Company Identification Number, this should be stated on the Form upon adoption of the relevant regulation by the IMO. **Companies will be informed accordingly in due course.**

Declaration of Particulars for the ISM Code

1. Vessel (not to be filled in when reporting changes of the particulars of the Company or when the company has not yet assumed the management of vessels flying the Cyprus Flag)

| | |
|-----------------|-----------------|
| Name of Vessel: | Type of Vessel: |
| Call Sign: | IMO Number: |

2. Company (ISM Ref: 1.1.2)

| | |
|---------------------------|---------------------------|
| Registered Name: | |
| Registered Address: | Business Address: |
| Telephone: | Telephone: |
| Fax: | Fax: |
| E Mail: | E Mail: |
| Date of Incorporation: | Ex Name (If Any): |
| Country of Incorporation: | IMO Unique Company ID No: |

3. Designated Person (ISM Ref: 4)

| | |
|------------------------------------|---|
| Designated Person | Back – up to the D.P.A or E.R. person's contact details |
| Name: | Name: |
| Position: | Position: |
| Identity Document: | Identity Document: |
| Office address: (Place of Work) | Office address: (Place of Work) |
| Telephone: | Telephone: |
| Fax: | Fax: |
| E-Mail | E-Mail |
| Telex: | Telex: |
| Mobile Telephone: | Mobile Telephone: |
| A.O.H. Telephone: | A.O.H. Telephone: |
| A.O.H. Fax: | A.O.H. Fax: |

4. Branch Office(s) (If Applicable / If More than one please refer to Annex 1)

| | |
|---------------------|-------------------|
| Registered Name: | |
| Registered Address: | Business Address: |
| Telephone: | Telephone: |
| Fax: | Fax: |
| E Mail: | E Mail: |

5. Owner / Bareboat Charterer

| | |
|---------------------|------------------------------------|
| Registered Name: | |
| Registered Address: | Telephone: |
| | Fax: |
| | E Mail: |
| | IMO Unique Registered Owner ID No: |

6. Nomination of the Auditor (ISM Ref: 13)

| | |
|---------------------------------------|--|
| Document Of Compliance (ISM Ref 13.2) | Safety Management Certificate (ISM Ref 13.4) |
| Issued by/ To be issued: | Issued by/ To be issued: |
| Address: | Address: |
| Telephone: | Telephone: |
| Fax: | Fax: |
| Telex: | Telex: |
| E-Mail: | E-Mail: |

I the undersigned hereby declare and state for and on behalf of the Owner / Bareboat Charterer, that:

- *the above information is true and correct;*
- *I am duly authorised by the Owner / Bareboat Charterer to provide the aforesaid information; and*
- *the Owner / Bareboat Charterer has conducted a management agreement with the Company stated in section 2 of this form*

| | |
|------------|-------|
| Name: | |
| Signature: | |
| Place: | Date: |

I the undersigned hereby declare and state for and on behalf of the Company, that:

- *the above information is true and correct;*
- *I am duly authorised by the Company to provide the aforesaid information; and*
- *the Company has conducted a management agreement with the Owner / Bareboat Charterer stated in section 5 of this form*

| | |
|------------|-------|
| Name: | |
| Signature: | |
| Place: | Date: |

Annex 1

Advice on the Branch Offices of the Company (if more than one)

1. Branch Office

| | |
|---------------------|-------------------|
| Registered Name: | |
| Registered Address: | Business Address: |
| Telephone: | Telephone: |
| Fax: | Fax: |
| E Mail: | E Mail: |
| Telex: | Telex: |

2. Branch Office

| | |
|---------------------|-------------------|
| Registered Name: | |
| Registered Address: | Business Address: |
| Telephone: | Telephone: |
| Fax: | Fax: |
| E Mail: | E Mail: |
| Telex: | Telex: |