

SHIPPING DEPUTY MINISTRY TO THE PRESIDENT

SDM 5.13.09, SDM 4.28.05.5 SDM 4.28.05.6.1 SDM 16.17.18

Circular No.: 7/2019

21 March 2019

All Registered Owners, Registered Bareboat Charterers, Managers and Representatives of ships flying the Cyprus Flag

All Recognised Organisations (ROs)
All Recognised Security Organisations (RSOs)

Subject: Declaration of Particulars for the ISM and ISPS Code

I wish to inform you that the Shipping Deputy Ministry, in an effort to reduce paperwork and to avoid duplication of information has decided to replace the ISM Form required by our Circular no. 27/2006 and the ISPS C-1 Form required by our Circular no. 24/2015 with a new consolidated Form.

- 2. The new Form "Declaration of Particulars for the ISM and ISPS Code" (EN04F01/03) is attached as annex 1 to this Circular.
- 3. The said Form, including any future revisions, is / will be also available to be downloaded from the web page of the Shipping Deputy Ministry.
- 4. You are kindly requested, from now on, to use the new Form for declaring the particulars of companies and / or ships for the purposes of the ISM and ISPS Code and for compliance with the provisions of the above-mentioned Circulars.
- 5. The Shipping Deputy Ministry will be at your disposal for any explanations and clarifications they may deem necessary.

This Circular must be placed on board ships flying the Cyprus Flag.

Costas Iacovou
Permanent Secretary
Shipping Deputy Ministry to the President

Cc.: - Maritime Offices of the Shipping Deputy Ministry abroad

- Permanent Secretary, Ministry of Foreign Affairs
- Diplomatic and Consular Missions of the Republic
- Honorary Consular Officers of the Republic
- Cyprus Bar Association
- Cyprus Shipping Chamber
- Cyprus Union of Shipowners

Encl.



Annex 1

SHIPPING DEPUTY MINISTRY		DECLARATION OF PARTICULARS FOR THE ISM & ISPS CODE			Page: 1/4
Nam	e of Management C	ompany:	IMO Unique Comp	any ID No:	
Nam	e of Vessel:		IMO Number:		
Chose	the case/cases conc	erned for the application o			_
		Management Com			
1.		cation by this Government pter IX of SOLAS 74 as			
2.	Change of Compa	ny's address (Business)			
3.	Change of auditing		(Authorization required)		
4.	Change of Compa	•	No Authorization required)		
5.	Amendments of Company's particulars other than business address, i.e. *registered address, change of contact details, designated person, company security officer etc. * (clarify): (No Authorization required)				
L			10 / 10 m o m o m o m o m o m o m o m o m o m	L	
		Vessel			
6.		the flag of the Republic	of Cyprus. (Authorization required)		
7.		Management Company.	(Authorization required)		
8.	Change of auditing	,	(Authorization required)		
9.			o Authorization required)		
10.	Transfer of Owner		lo Authorization required)		

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DECLARATION OF PARTICULARS FOR THE ISM & ISPS CODE

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Name of Vessel:	IMO Number: Type of Vesse
Management Company (ISM F Registered Name:	Ref: 1.1.2)
Registered Address:	Business Address:
	Telephone:
	Fax:
	E Mail:
Country of Incorporation:	IMO Unique Company ID No:
3. Designated Person (ISM Ref: 4 Designated Person Name:	Back – up to the D.P.A Name:
Designated Person Name:	Back – up to the D.P.A
Designated Person Name: Surname:	Back – up to the D.P.A Name:
Designated Person	Back – up to the D.P.A Name: Surname:
Designated Person Name: Surname: Direct Telephone:	Back – up to the D.P.A Name: Surname: Direct Telephone:
Designated Person Name: Surname: Direct Telephone: Mobile Telephone: E-Mail:	Back – up to the D.P.A Name: Surname: Direct Telephone: Mobile Telephone: E-Mail:
Designated Person Name: Surname: Direct Telephone: Mobile Telephone:	Back – up to the D.P.A Name: Surname: Direct Telephone: Mobile Telephone: E-Mail:
Designated Person Name: Surname: Direct Telephone: Mobile Telephone: E-Mail: 4. Company Security Officer (ISI	Back – up to the D.P.A Name: Surname: Direct Telephone: Mobile Telephone: E-Mail:
Designated Person Name: Surname: Direct Telephone: Mobile Telephone: E-Mail: 4. Company Security Officer (ISI Company Security Officer Name:	Back – up to the D.P.A Name: Surname: Direct Telephone: Mobile Telephone: E-Mail: PS Ref: 11) Back – up to the C.S.O
Designated Person Name: Surname: Direct Telephone: Mobile Telephone: E-Mail: 4. Company Security Officer (ISI Company Security Officer	Back – up to the D.P.A Name: Surname: Direct Telephone: Mobile Telephone: E-Mail: Back – up to the C.S.O Name:
Designated Person Name: Surname: Direct Telephone: Mobile Telephone: E-Mail: 4. Company Security Officer (ISI Company Security Officer Name: Surname:	Back – up to the D.P.A Name: Surname: Direct Telephone: Mobile Telephone: E-Mail: Back – up to the C.S.O Name: Surname:

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DECLARATION OF PARTICULARS FOR THE ISM & ISPS CODE

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Registered Name:				
Registered Address:		Business Address:		
		Telephone:		
		Fax:		
		E Mail:		
6. Owner / Bareboat Char	terer			
Registered Name:	toroi			
IMO Unique Registered Owner	ID No.			
7. Nomination of the Aud	itor			
Document Of Compliance (ISM Ref 13.2)	Safety Managem (ISM Ref 13.4)	nent Certificate	International Ship Security Certificate (ISPS Ref 19.2)	
Issued by/ To be issued:	Issued by/ To be	e issued:	Issued by/ To be issued:	
I the undersigned hereby declare the above information is true a I am duly authorised by the o The owner / bareboat chartere section 2 of this form	and correct; and wner / bareboat charte	rer to provide the a		
Name:		Signature:		
Place:		Date:		
I the undersigned hereby declare	and correct; and	aforesaid informat	tion.	
 I am duly authorised by the C The Company has conducted section 5 of this form 	l a management agreen	nent with the Owne		
I am duly authorised by the CThe Company has conducted	l a management agreen	Signature:		

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DECLARATION OF PARTICULARS FOR THE ISM & ISPS CODE

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Annex 1 Advice on the Branch Offices of the Company (if more than or

Advice on	the Branch Offices of the Company (if more than one)	
1. Branch Office		
Registered Name:		
Registered Address:	Business Address:	
	Telephone:	
	Fax:	
	E Mail:	
2. Branch Office		
Registered Name:		
Registered Address:	Business Address:	
	Telephone:	
	Fax:	
	E Mail:	
3. Branch Office		
Registered Name:		
Registered Address:	Business Address:	
	Telephone:	
	Fax:	
	E Mail:	