

TO Permanent Secretary  
 Deputy Ministry of Shipping  
 Email: [maritime.security@dms.gov.cy](mailto:maritime.security@dms.gov.cy)

**Announcement of an ISPS Exercise on a Cyprus Ship (form to be clearly typed)**

VESSEL NAME		TYPE OF VESSEL	IMO OF VESSEL	NAME OF COMPANY	SCENARIO OF EXERCISE
DATE OF EXERCISE		FULL SCALE OR TABLE EXERCISE / other (specify)		LOCATION OF SHIP AT THE TIME OF EXERCISE	DETAILS OTHER FLEET SHIPS INVOLVED
ACTIVATION OF SSAS		SSAS ACKNOWLEDGEMENT REQUESTED		NAME OF CSO / CONTACT DETAILS (24/7)	NAME OF ALTERNATE CSO CONTACT DETAILS (24/7)
Yes <input type="checkbox"/>	REAL <input type="checkbox"/>	Yes <input type="checkbox"/>			
No <input type="checkbox"/>	TEST <input type="checkbox"/>	No <input type="checkbox"/>			
INVOLVEMENT OF OTHER AUTHORITIES (PROVIDE DETAILS AND DESCRIPTION OF INVOLVEMENT) – please also indicate if you will be conducting the Deputy Ministry of Shipping by phone				PROVIDE THE DATE / SHIP'S NAME AND SCENARIO OF PREVIOUS EXERCISE WITHIN THE SAME FLEET (UNDER CYPRUS FLAG SHIPS ONLY)	

DATE \_\_\_\_\_ NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_