

Name of Management Company:	IMO Unique Company ID No:
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Name of Vessel:	IMO Number:
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Chose the case/cases concerned for the application of the ISM/ISPS Form.

Management Company		
1.	Company's certification by this Government in accordance with Reg. 4 of Chapter IX of SOLAS 74 as amended. (Authorization required)	<input type="checkbox"/>
2.	Change of Company's address (Business). (Authorization required)	<input type="checkbox"/>
3.	Change of auditing body (RO). (Authorization required)	<input type="checkbox"/>
4.	Change of Company's Name. (No Authorization required)	<input type="checkbox"/>
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)	<input type="checkbox"/>

Vessel		
6.	Registration under the flag of the Republic of Cyprus. (Authorization required)	<input type="checkbox"/>
7.	Change of Ship's Management Company. (Authorization required)	<input type="checkbox"/>
8.	Change of auditing body (RO-ISM). (Authorization required)	<input type="checkbox"/>
9.	Change of auditing body (RSO-ISPS). (No Authorization required)	<input type="checkbox"/>
10.	Transfer of Ownership. (No Authorization required)	<input type="checkbox"/>

1. Vessel (not to be completed when reporting changes of the particulars of the Company)

Name of Vessel:	IMO Number:	Type of Vessel:
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2. Management Company (ISM Ref: 1.1.2)

Registered Name:	
Registered Address:	Business Address:
	Telephone:
	Fax:
	E Mail:
Country of Incorporation:	IMO Unique Company ID No:

3. Designated Person (ISM Ref: 4)

Designated Person	Back – up to the D.P.A
Name:	Name:
Surname:	Surname:
Direct Telephone:	Direct Telephone:
Mobile Telephone:	Mobile Telephone:
Email:	Email:

4. Company Security Officer (ISPS Ref: 11)

Company Security Officer	Back – up to the C.S.O
Name:	Name:
Surname:	Surname:
Direct Telephone:	Direct Telephone:
Mobile Telephone:	Mobile Telephone:
Email:	Email:

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

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

6. Owner / Bareboat Charterer

Registered Name:
IMO Unique Registered Owner ID No.

7. Nomination of the Auditor

Document Of Compliance (ISM Ref 13.2)	Safety Management Certificate (ISM Ref 13.4)	International Ship Security Certificate (ISPS Ref 19.2)
Issued by/ To be issued:	Issued by/ To be issued:	Issued by/ To be issued:

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

- *the above information is true and correct; and*
- *I am duly authorised by the owner / bareboat charterer to provide the aforesaid information.*
- *The owner / bareboat charterer has have 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; and*
- *I am duly authorised by the Company to provide the aforesaid information.*
- *The Company has conducted a management agreement with the Owner / Bareboat Charterer stated in section 6 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:
	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: