



APPENDIX V

DECLARATION OF COMPANY SECURITY OFFICER

(To be filled out by the Company Security Officer)

Dates should be in the format yyyy/mm/dd

Information			
1	This will apply from (date):		
2	Name of ship:		IMO Number:
	Name of ship:		IMO Number:
	Name of ship:		IMO Number:
	Name of ship:		IMO Number:
	Name of ship:		IMO Number:
	Name of ship:		IMO Number:
	Name of ship:		IMO Number:
	Name of ship:		IMO Number:
3	Name of registered owner(s):		
4	Name of Company Security Officer, and Alternate CSO, Address(es) of its safety management activities if different form above: Phone: Fax: Mobil Phone: 24 hour number: Email:		

THIS IS TO CERTIFY THAT this record is correct in all respects

Issued by the Company: _____ Date of issue: _____

Signature of authorized person: _____

Name of authorized person: _____

RL 5004