



MARITIME AUTHORITY OF JAMAICA
DECLARATION OF COMPANY SECURITY OFFICER
(To be completed 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: |
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| | 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 FROM ABOVE: PHONE: FAX: MOBILE PHONE 24-HOUR CONTACT: 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: _____