



**MARITIME AUTHORITY OF JAMAICA  
DECLARATION OF INFORMATION NEEDED TO COMPLETE  
THE SHIP'S CONTINUOUS SYNOPSIS RECORD (CSR)**

**For the Ship with IMO Number \_\_\_\_\_  
(To be filled out by Company)**

*Dates should be in the format: yyyy/mm/dd*

Information	
1	THIS WILL APPLY FROM (APPROXIMATE DATE):
2	Flag State
3	DATE OF REGISTRATION WITH THE STATE INDICATED IN 2:
4	NAME OF SHIP SHIP'S SATELLITE NUMBER SHIP'S FAX: SHIP'S EMAIL:
5	PORT OF REGISTRATION:
6	NAME OF REGISTERED OWNER(S) REGISTERED ADDRESS(S):
7	REGISTERED OWNER IDENTIFICATION NUMBER:
8	NAME OF REGISTERED BAREBOAT CHARTERER(S) (IF APPLICABLE): REGISTERED ADDRESS(ES):
9	NAME OF COMPANY (INTERNATIONAL SAFETY MANAGEMENT): REGISTERED ADDRESS  ADDRESS(ES) OF SAFETY MANAGEMENT ACTIVITIES IF DIFFERENT FROM ABOVE:
10	COMPANY IDENTIFICATION NUMBER:
11	NAME OF COMPANY SECURITY OFFICER (CSO) AND ALTERNATE CSO ADDRESS(ES) OF SAFETY MANAGEMENT ACTIVITIES IF DIFFERENT FROM ABOVE: PHONE: FAX: MOBILE PHONE 24-HOUR CONTACT: EMAIL:
12	NAME OF CLASSIFICATION SOCIETY WITH WHICH THE SHIP WILL BE CLASSED:
13	ADMINISTRATION/GOVERNMENT/RECOGNIZED ORGANISATION WHICH ISSUED OR WILL ISSUE THE DOCUMENT OF COMPLIANCE (DOC): BODY WHICH CONDUCTED THE AUDIT (IF DIFFERENT)
14	ADMINISTRATION/GOVERNMENT/ RECOGNIZED ORGANISATION WHICH WILL ISSUE SAFETY MANAGEMENT CERTIFICATE (SMC): BODY WHICH CONDUCTED THE AUDIT (IF DIFFERENT):
15	ADMINISTRATION/GOVERNMENT/RECOGNIZED ORGANIZATION WHICH WILL ISSUE INTERNATIONAL SHIP SECURITY CERTIFICATE: BODY WHICH CONDUCTED VERIFICATION (IF DIFFERENT):
16	REMARKS

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: \_\_\_\_\_