

**ENDORSEMENT OF ISM 01&02
(CHECKLIST)**

SR.NO.	DOCUMENTS	YES/NO
1	ORIGINAL 02 SETS OF FORM 01&02.	
2	CERTIFICATE OF REGISTRY (EXISTING SHIPS) OR LETTER OF AUTHORISATION ISSUED TO IRS FOR TAKE OVER OF VESSEL	
3	CERTIFICATE OF INCORPORATION-OWNER & MANAGER (NOT APPLICABLE FOR EXISTING OWNER/MANAGER REGISTERED IN MMD, MUMBAI)	
4	COPY OF DPA & ADPA COC	
5	CDC OF DPA & ADPA WITH RELEVANT EXPERIENCE ACCORDING TO DG ORDER 09 OF 2014	
6	COPY OF DPA & ADPA APPOINTMENT LETTER.	
7	COPY OF ISM COURSE CERTIFICATE FOR DPA & ADPA ACCORDING TO DG ORDER 09 OF 2014 (DPA COURSE CERTIFICATE AS PER IMO CIRCULAR MSC-MEPC.7/CIRC.6 DATED 19 OCTOBER 2007.)	
8	COPY OF DOC FOR THE TYPE OF SHIP.	
9	AUTHORISED LETTER OF SIGNATORY FOR DOING SIGNATURE ON BEHALF OF OWNER. (NOT APPLICABLE IF OWNER & MANAGER IS SAME)	
10	COPY OF LATEST SHIPMAN AGREEMENT BETWEEN OWNER/BAREBOAT CHARTER AND MANAGER TO MANAGE THE VESSEL (NOT APPLICABLE IF OWNER & MANAGER IS SAME)	
11	LIST OF SHIPS ALREADY UNDER SAME MANAGEMENT	
12	FEES - , Rs. 5,000/- (BHARAT-KOSH PAYMENT RECEIPT UNDER THE HEAD REGISTRATION & OTHER FEES PAYABLE TO MMD, MUMBAI)	

DECLARATION

FORM NO. DGS/ISM - 01

(To be completed by authorized representatives of the owner/bareboat charterer and the company on first notification and when Reporting any changes thereafter)

1. VESSEL

Name of Vessel:	Type of Vessel:
Official No./Call Sign:	IMO Number:

2. OWNER/BARE BOAT CHARTERER

Registered Name: (Enclose copy of Certificate of Incorporation and Certificate of Registry of the vessel)		
Registered Address:	Tel. No.:	
	Fax No.:	
	E-mail:	

3. DECLARATION OF PARTICULARS OF THE COMPANY (ISM Code Ref.: 1.1.2)

Registered Name: (Enclose certificate of Incorporation)	
COMPANY ID NO.	
Registered Address:	Operation Office Address:
Tel. No.:	Tel. No.:
Fax No.:	Fax No.:
Telex No.:	Telex No.:
E-mail:	E-mail:

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 authorized by the **company** to provide the aforesaid information.

Name:	Place & Date:	
Signature:	Stamp:	

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 authorized by the **owner/bare boat charterer** to provide the aforesaid information.

Name:	Place & Date:	
Signature:	Stamp:	

Certified by

Name & Stamp of the Registrar of Ship

Annex to Form No. DGS/ISM- 01

(To be completed by authorized representatives of the owner/bare boat charterer and the company on first notification and when reporting any changes thereafter)

ISM Code Ref.:3.0

For and on behalf of the Owner/Bareboat Charterer:	For and on behalf of the Company:
I, the undersigned, hereby declare and state as below:	I, the undersigned, hereby declare and state as below:
1)The owner / bareboat charterer has agreement with the company for the operations of the vessel and to discharge of all duties, responsibilities and obligations of the owner / bareboat charterer, which fall within the scope of Chapter IX of the SOLAS, 1974 as amended and Merchant Shipping (Management for the Safe Operation of Ships) Rules,2000,as amended from the date of the present declaration.	1)The company has accepted the agreement with the owner/bareboat charterer and under take to carry out all aspects of the operation of the vessel and discharge all duties, responsibilities and obligations of the owner /bare boat charterer, which fall within the scope of Chapter IX of the SOLAS, 1974 as amended and Merchant Shipping (Management for the Safe Operation of Ships) Rules, 2000, as amended, from the date of the present declaration.
2)The owner/bareboat charterer has read and understood the Merchant Shipping(Management for the Safe Operation of Ships)Rules,2000,as amended, and the requirement of the D.G. Shipping on the development, implementation and certification of SMS issued by the D.G. Shipping.	2) The company has received from the owner /bareboat charterer sufficient instructions, guidance, means and resources to the entire satisfaction of the company and arrangements have been made which enable and will enable the company to carry out and fulfill the duties, responsibilities and obligations which are hereby accepted and undertaken.
3)The owner / bare boat charterer accepts, agrees and undertakes to be responsible for the company (named overleaf).	3)The company accepts, agrees and undertakes to be bound, as far as the operation of the vessel and for any matter related thereto, by the applicable rules and regulations of the D.G. Shipping.
4) The above information is true and I am duly authorised to make this declaration for and on behalf of the owner / bareboat charterer.	4)The company has read and understood the Merchant Shipping (Management for the Safe Operation of Ships) Rules, 2000, as amended, and the requirements of the D.G. Shipping on the development, implementation and certification of SMS issued by the D.G. Shipping.
	5)The above information is true and correct and I am duly authorized to make this declaration for and on behalf of the company.
For and on behalf of the Owner/Bareboat Charterer:	For and on behalf of the Company:
Name:	Name:
Signature:	Signature:
Place &Date:	Place Date:
Stamp:	Stamp:

DGS/ISM-01/Rev.02/May-14

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**DECLARATION
FORM NO. DGS/ISM-02**

(To be completed by authorized representatives of the company and also for reporting changes)

1. VESSEL

Name of Vessel:	Type of Vessel:
Official No./Call Sign:	IMO Number:

2. PARTICULARS OF THE COMPANY (ISM Code Ref.: 1.1.2)

Registered Name: (Enclose certificate of Incorporation)	
COMPANY ID No.	
Registered Address:	Operation Office Address:
Tel. No.:	Tel. No.:
Fax No.:	Fax No.:
Telex No.:	Telex No.:
E-mail:	E-mail:

3. DESIGNATED PERSON (ISM Code Ref.: 4.0) (Enclose certified copy in proof of qualification, training and experience, in accordance with MS Notice 09 of 2014)

Designated Person:	Alternate Designated Person:
Name:	Name:
Position:	Position:
Identity Document:	Identity Document:
Office Address: (Place of work)	Office Address: (Place of Work)
Tel. No.:	Tel. No.:
Mobile No.:	Mobile No.:
Fax No.:	Fax No.:
Telex No.:	Telex No.:
E-mail:	E-mail:
AOH Tel./Fax Nos.:	AOH Tel./Fax Nos.:

4. IDENTIFICATION OF HIGHEST LEVEL OF MANAGEMENT (HLM)

Highest Level of Management:	Alternate to HLM:
Name:	Name:
Position:	Position:
Identity Document:	Identity Document:
Tel. No.:	Tel. No.:
Mobile No.:	Mobile No.:
Fax No.:	Fax No.:
Telex No.:	Telex No.:
E-mail:	E-mail:
AOH Tel./Fax Nos.:	AOH Tel./Fax Nos.:

5. BRANCH OFFICE(S)

Registered Name: (Enclose certificate of Incorporation) Registered Address:	Operation Office Address:
Tel. No.:	Tel. No.:
Fax No.:	Fax No.:
Telex No.:	Telex No.:
E-mail:	E-mail:

I, the undersigned, hereby declare and state for and on behalf of the company that the company has been incorporated and exists under the laws of the state and the officers of the company are those as indicate in the enclosed list / below, the company does operate branch offices as mentioned below / does not operate branch offices (strike if not applicable).

The above information is true and correct and I am duly authorized by the company and the aforesaid persons to provide the aforesaid information.

(to be completed if a counter signature is required)

Name:	Name:
Signature:	Signature:
Place & Date:	Place & Date:

Certified by

Name & Stamp of the Registrar of Ship

FORMNO.DGS/ISM-02/Rev.02/May-14