**APPLICATION FOR CONTINUOUS SYNOPSIS RECORD (CSR)**

**Document Number**      **, for the ship with IMO number:**      **.**

All information listed should be filled. Note N/A if “not applicable”

|  |  |
| --- | --- |
|  | **INFORMATION** |
| **1** | This document applies from (date): |       |
| **2** | Flag State: |       |
| **3** | Date of Registration: |       |
| **4** | Name of Ship: |       |
| **5** | Port of Registration: |       |
| **6** | Name of current registered owner(s):Registered Address: |       |
| **7** | Registered Owner’s identification Number: |       |
| **8** | Name of current registered bareboat charterer(s):Registered Address: |       |
| **9** | Name of Company (ISM):Registered Address(es):Address(es) of her safety management activities: |       |
| **10** | Company Identification Number: |       |
| **11** | Name of all classification societies with which the ship is classed: |       |
| **12** | Adm. / Government / Recognised Origanisation which issued DOC:Body which carried out audit (if different): |       |
| **13** | Adm. / Government / Recognised Origanisation which issued SMC:Body which carried out audit (if different): |       |
| **14** | Adm. / Government / Recognised Origanisation which issued ISSC:Body which carried out audit (if different): |       |

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

|  |  |  |
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| Place and date of issue: |       |  |
|  |  |  |
| Signature of authorized person: |       |  |
|  |  |  |
| Name of authorized person: |       |  |