**APPLICATION FORM FOR THE ISSUANCE OF CONTINOUS SYNOPSIS RECORD**

Please complete the form when applying for the Continuous Synopsis Record (CSR).You may wish to email this form to the International Maritime Safety Agency of Guyana (IMSAG) in advance.A required will be charged for the issuance of a CSR.

E-mail address: **registrations@imsag.org**

All information boxes should be completed when making an application. Indicate N/A if “not applicable”.

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| **No.** | **Information** |
| 1 | Name of Ship: |       |
| 2 | IMO no.: |       |
| 3 | Official no.: |       |
| 4 | Date of registration of ship: |       |
| 5 | Owner’s name and address: |                 |
| 6 | #Bareboat Charterer’s name and address: |                           |
| 7 | Name and address of company responsible for the ship’s International Safety Management System: |                           |
| 8 | Address from where the company carries out safety management activities out safety management activities if other than that listed in (7): |                 |
| 9 | Classification society of the ship: |       |
| 10 | \*Administration/Government/Recognized Organization which issued Document of Compliance (DOC): |            |
| 11 | Organization that conducted audit if different from that issuing the DOC: |       |
| 12 | \*Administration Government/Recognized/Organization which issued Safety Management Certificate (SMC): |                 |
| 13 | Organization that conducted audit if different from that issuing the SMC: |                 |
| 14 | \*Administration/Government/Recognized Organization which issued International Ship Security Certificates (ISSC): |                 |
| 15 | Organization that conducted audit if different from that issuing the ISSC: |                 |

\*Please provide copies of the Document of Compliance (DOC), Safety Management Certificate (SMC) and International Ship Security Certificate (ISSC).

#this information is required only if you had registered the CWS vessel under the Bareboat Charter in Register.

THIS IS TO CERTIFY that the information contained in this form is true in every particular.

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 Date

Name and signature of declarant

Tel:

HP:

Fax: