

DOCUMENT OF COMPLIANCE

Certificate No:
n1422178-tox
DNV GL Id No:
10626593
Date of issue:
2020-03-02

Issued under the provisions of the INTERNATIONAL CONVENTION FOR THE SAFETY OF LIFE AT SEA,
1974, as amended

under the authority of the Government of

THE REPUBLIC OF CYPRUS

by **DNV GL**

Particulars of Company ¹

Company Name:	Maritime construction services BV
Company Address:	Parnassusweg 805 - 2nd floor 1082 LZ Amsterdam NETHERLANDS
Company Identification Number:	6069278

This is to certify:

that the safety management system of the Company has been audited and that it complies with the requirements of the International Management Code for the Safe Operation of Ships and for Pollution Prevention (ISM Code), for the types of ships listed below:

Other cargo ship

This Document of Compliance is valid until: **2024-03-07**, subject to periodical verification.

Completion date of audit on which this Certificate is based: **2019-03-07**

Issued at **Amsterdam,
Netherlands** on **2020-03-02**



for **DNV GL**

*This document is signed electronically in accordance with IMO
FAL.5/Circ.39/Rev.2. Validation and authentication can be
obtained from trust.dnv.com by using the Unique Tracking
Number (UTN): n1422178-tox and ID: 10626593*

Paul Kuin
Auditor

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¹ See paragraph 1.1.2 of the ISM Code.



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ENDORSEMENT FOR ANNUAL VERIFICATION

THIS IS TO CERTIFY:

that at the periodical verification in accordance with regulation IX/6.1 of the Convention and paragraph 13.4 of the ISM Code, the safety management system was found to comply with the requirements of the ISM Code.

Anniversary date is

07 Mar

Range:

07 Dec to 07 Jun

*Renewal range is three (3) months prior to DOC expiration

1st Annual Verification

Parnassusweg 805 - 2nd floor
1082 LZ Amsterdam

Place: **Netherlands, Netherlands** Date: **2020-03-02**



Signature: **Paulus Kuin**

2nd Annual Verification

Place: **The Hague, Netherlands** Date: **2021-03-31**



Signature: **Paulus Kuin**

3rd Annual Verification

Place: _____ Date: _____

Signature: _____

Stamp

4th Annual Verification

Place: _____ Date: _____

Signature: _____

Stamp