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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | NIUE SHIP REGISTRY 10 Anson Road #25-15, International Plaza, Singapore 079903  Tel: +65 6226-2001 Fax: +65 6226-3001 Email:info@niueship.com  Website: [www.niueship.com](http://www.niueship.com) | | | | | | |
| Declaration of Company (ISM Code)(FORM NISMC) | | | | | | | | |
| The ISM Code requires that a Company be declared to the Flag State. In accordance with Section 1.1.2 of IMO Resolution A741(18) of the ISM Code, “**Company means the Owners of a ship or any organisation or person such as the Manager, or the Bareboat Charterers, who has assumed the responsibility for the operation of the ship from the ship Owners and who on assuming such responsibility has agreed to take over all the duties and responsibility imposed by the Code**”.  The undersigned affirms: | | | | | | | | |
| **Name Of Owner** | | | **Telephone** | | **Email** | | | |
|  | | |  | |  | | | |
| **Full Address & Company IMO No.** | | | | | **Fax** | | | |
|  | | | | |  | | | |
| is the Registered Owner of the following Niue registered ship(s)\*: | | | | | | | | |
| **S/N** | **Name of Ship** | | **Official Number** | | | **RO for DOC** | | **IMO Number** |
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| In accordance with Section 3.1 of the Assembly Resolution 741 (18), if the entity that is responsible for the operation of the ship is other than the above stated Owners, the Owners must report the full name and details of such entity to the Flag State. If such is the case here, the undersigned affirms that: | | | | | | | | |
| **Name Of Company** | | | **Telephone** | | **Email** | | | |
|  | | |  | |  | | | |
| **Full Address & Company IMO No.** | | | | | **Fax** | | | |
|  | | | | |  | | | |
| is the “Company” responsible for the entire requirements imposed by the ISM Code for the Niue registered ship(s) listed above.  The undersigned further understands that any change in “Company” or RO must be made in writing by email to the Flag State. | | | | | | | | |
| **Name & Title (on behalf of Registered Owner)** | | | | **Signature** | | | **Date** | |
|  | | | |  | | |  | |