



Republic of the Philippines
Department of Transportation and Communications
MARITIME INDUSTRY AUTHORITY

Document of Compliance

Certificate No. _____

Issued under the provisions of the INTERNATIONAL CONVENTION FOR THE SAFETY OF LIFE AT SEA, 1974, as amended, and Maritime Industry Authority pursuant to MARINA Memorandum Circular No. 2015-11 .

Name and Address of Company :

Accreditation Number :

Tax Identification Number :

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 (delete as appropriate):

Passenger Ship

Passenger High-Speed Craft

Cargo High-Speed Craft

Cargo Ship

Bulk Carrier

Oil Tanker

Chemical Tanker

Gas Carrier

MODU

FPSO / FSU

Submersible Craft

Tugboat

Fish Carrier in SIV

Other Cargo Ship

This Document of Compliance is valid until _____, subject to periodical verification.

Issued at Manila on _____.

By the Authority of the Administrator:
 (A.O. 11-14 dated 22 August 2014)

 Director, MARINA Regional Office

Paid Under:
 O.R. No. :
 Amount :
 Date :

Certificate No. _____

Type of Audit : _____

Auditor(s) : _____
(Signature over Printed Name)

(Signature over Printed Name)

(Signature over Printed Name)

Place : _____

Date : _____

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: Every ___ day of _____ in the years _____ .

ENDORSEMENT FOR ANNUAL VERIFICATION

1st Annual Verification MARINA Auditor: _____
(Signature over Printed Name)

Place : _____

Date : _____

Paid Under: O.R. No. : Amount : Date :

2nd Annual Verification MARINA Auditor: _____
(Signature over Printed Name)

Place : _____

Date : _____

Paid Under: O.R. No. : Amount : Date :

3rd Annual Verification MARINA Auditor: _____
(Signature over Printed Name)

Place : _____

Date : _____

Paid Under: O.R. No. : Amount : Date :

4th Annual Verification MARINA Auditor: _____
(Signature over Printed Name)

Place : _____

Date : _____

Paid Under: O.R. No. : Amount : Date :

Additional Verification (If Required) MARINA Auditor: _____
(Signature over Printed Name)

Place : _____

Date : _____

Paid Under: O.R. No. : Amount : Date :