

	BENIN MARITIME ADMINISTRATION			
	Form No.: BMA-103	Revision Date: 01/01/2020	Revision No.: 01	
	APPLICATION FORM ISSUANCE OF CSR			

APPLICATION FORM ISSUANCE OF CONTINUOUS SYNOPSIS RECORD

Note: All information boxes should be completed when making an application. Indicate N/A if "not applicable".

DOCUMENT NUMBER ----- FOR THE SHIP WITH IMO NUMBER: -----

No.	Information
1	Name of Ship:
2	IMO no.:
3	Registration 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.	ISM Company ID number
8	Address from where the company carries out safety management activities out safety management activities.
9	Name of 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:

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

Date:

Tel:

Email:

Name and signature of declarant: