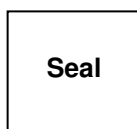


**CONTINUOUS SYNOPSIS RECORD (CSR) DOCUMENT NUMBER \_\_\_\_\_ FOR THE  
SHIP  
WITH IMO NUMBER: IMO \_\_\_\_\_**

Information <sup>1</sup>	
1	<b>This document applies from (date):</b>
2	<b>Flag State:</b>
3	<b>Date of registration with the State indicated in 2:</b>
4	<b>Name of ship:</b>
5	<b>Port of registration:</b>
6	<b>Name of current registered owner(s): Registered address(es):</b>
7	<b>If applicable, name of current registered bareboat chartered (s): Registered address (es):</b>
8	<b>Name of Company (International Safety Management): Registered address (es): Address(es) of its safety management activities:</b>
9	<b>Name of classification Societies with which the ship is classed:</b>
10	<b>Administration/Government/Recognized Organization which issued Document of Compliance: Body which carried out audit (if different):</b>
11	<b>Administration/Government/Recognized Organization which issued Safety Management Certificate: Body which carried out audit (if different):</b>
12	<b>Administration/Government/Recognized Security Organization which issued International Ship Security Certificate: Body which carried out verification (if different):</b>
13	<b>Date on which the ship ceased to be registered with the State indicated in 2:</b>
14	<b>Remarks (<i>insert relevant information as appropriate</i>)</b>

Issued by the Administration of Republic of Italy

THIS TO CERTIFY THAT this record is correct in all respects



Place and date of issued :

Signature of authorized person:

Name of authorized person:

This document was received by the ship and attached to the ship's CSR file on the following date  
Date Signature

<sup>1</sup> Dates should be in the format dd/mm/yyyy

**AMENDMENTS TO THE  
CONTINUOUS SYNOPSIS RECORD (CSR) DOCUMENT NUMBER ..... FOR THE SHIP  
WITH IMO NUMBER: IMO .....**

Information <sup>1</sup>	
1	This document applies from (date):
2	Flag State:
3	Date of registration with the State indicated in 2:
4	Name of ship:
5	Port of registration:
6	Name of current registered owner(s): Registered address (es):
7	If applicable, name of current registered bareboat chartered (s): Registered address (es):
8	Name of Company (International Safety management): Registered address (es): Address(es) of its safety management activities:
9	Name of classification Societies with which the ship is classed:
10	Administration/Government/Recognized Organization which issued Document of Compliance: Body which carried out audit (if different):
11	Administration/Government/Recognized Organization which issued Safety Management Certificate: Body which carried out audit (if different):
12	Administration/Government/Recognized Security Organization which issued International Ship Security Certificate: Body which carried out verification (if different):
13	Date on which the ship ceased to be registered with the State indicated in 2:
14	Remarks ( <i>insert relevant information as appropriate</i> )

Issued by the Company or Master

THIS TO CERTIFY THAT this record is correct in all respects

Place and date of issued :

Signature of authorized person:

Name of authorized person:

<sup>1</sup> The amendments are shown in the table : Indicate N/C for all items not being changed: Date should be in the format dd/mm/yyyy

