

FORM 1

Continuous Synopsis Record (CSR) Document number for the Ship with IMO number

Info. No.	Information item according to SOLAS Chapter XI-1, reg. 5.3	Information
1	This document applies from (date):	
2	Flag State:	Faroe Islands
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): and their registered address(es):	
7	Registered owner identification number:	
8	If applicable, name of current registered bareboat charterer(s): Registered address(es):	
9	Name of Company (International Safety Management): Registered address(es): Address(es) of its safety management activities:	
10	Company identification number:	
11	Name of the classification society with which the ship is classed:	
12	Administration / Government / Recognized Organization which issued Document of Compliance (DOC): Body which carried out audit (if different):	
13	Administration / Government / Recognized Organization which issued Safety Management Certificate (SMC): Body which carried out audit (if different):	
14	Administration / Government / Recognized Organization which issued International Ship Security Certificate (ISSC): Body which carried out verification (if different):	
15	Date on which the ship ceased to be registered with the State indicated in 2:	
16	Remarks (Insert relevant information as appropriate):	

THIS IS TO CERTIFY THAT this record is correct in all respects

Issued by the Administration of Faroe Islands: Faroese Maritime Authority

Place of issue:

Date of issue:

Name of authorized person:

Signature of authorized person:

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

Date:

Signature: