



Request for Issue of a Continuous Synopsis Record.

3	Date of Registration with the Cayman Islands:	
4	Name of the ship:	
4a	IMO Number:	
5	Port of registration:	
6	Name of the current registered owner(s):	
	Registered address(es):	
7	Registered owner identification number:	
8	If applicable, name of current registered bareboat charterer:	
	Registered address(es):	
9	Name of Company (ISM):	
	Registered address:	
9a	Address of its safety management activities (DOC):	
10	Company identification number:	
11	Names of all classification societies with which the ship is classed:	
12	Document of Compliance issued by: Body which carried out audit:	
13	Safety Management Certificate issued by: Body which carried out audit:	
14	International Ship Security Certificate issued by: Body which carried out verification:	

Signed:

Name:

Company:

Position:

Address:

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The completed form and any attachments are to be returned to survey@cishipping.com or:

Cayman Islands Shipping Registry
2nd Floor, Strathvale House
90 North Church Street
P.O. Box 2256, George Town
Grand Cayman, Cayman Islands
(Tel: +1345 949 8831)

Notes:

1. If the Document of Compliance was not issued by the Cayman Islands Shipping Registry, a copy of the Document of Compliance should be enclosed.
2. If the Safety Management Certificate was not issued by the Cayman Islands Shipping Registry, a copy of the Safety Management Certificate should be enclosed.
3. If the International Ship Security Certificate was not issued by the Cayman Islands Shipping Registry, a copy of the International Ship Security Certificate should be enclosed.