



MARITIME AUTHORITY OF JAMAICA
DECLARATION OF INFORMATION NEEDED TO COMPLETE
THE SHIP'S CONTINUOUS SYNOPSIS RECORD (CSR)

For the Ship with IMO Number _____
(To be filled out by Company)

Dates should be in the format: yyyy/mm/dd

Information		
1	THIS WILL APPLY FROM (APPROXIMATE DATE):	
2	Flag State	
3	DATE OF REGISTRATION WITH THE STATE INDICATED IN 2:	
4	NAME OF SHIP SHIP'S SATELLITE NUMBER SHIP'S FAX: SHIP'S EMAIL:	
5	PORT OF REGISTRATION:	
6	NAME OF REGISTERED OWNER(S) REGISTERED ADDRESS(S):	
7	REGISTERED OWNER IDENTIFICATION NUMBER:	
8	NAME OF REGISTERED BAREBOAT CHARTERER(S) (IF APPLICABLE): REGISTERED ADDRESS(ES):	
9	NAME OF COMPANY (INTERNATIONAL SAFETY MANAGEMENT): REGISTERED ADDRESS ADDRESS(ES) OF SAFETY MANAGEMENT ACTIVITIES IF DIFFERENT FROM ABOVE:	
10	COMPANY IDENTIFICATION NUMBER:	
11	NAME OF COMPANY SECURITY OFFICER (CSO) AND ALTERNATE CSO ADDRESS(ES) OF SAFETY MANAGEMENT ACTIVITIES IF DIFFERENT FROM ABOVE: PHONE: FAX: MOBILE PHONE 24-HOUR CONTACT: EMAIL:	
12	NAME OF CLASSIFICATION SOCIETY WITH WHICH THE SHIP WILL BE CLASSED:	
13	ADMINISTRATION/GOVERNMENT/RECOGNIZED ORGANISATION WHICH ISSUED OR WILL ISSUE THE DOCUMENT OF COMPLIANCE (DOC): BODY WHICH CONDUCTED THE AUDIT (IF DIFFERENT)	
14	ADMINISTRATION/GOVERNMENT/ RECOGNIZED ORGANISATION WHICH WILL ISSUE SAFETY MANAGEMENT CERTIFICATE (SMC): BODY WHICH CONDUCTED THE AUDIT (IF DIFFERENT):	
15	ADMINISTRATION/GOVERNMENT/RECOGNIZED ORGANIZATION WHICH WILL ISSUE INTERNATIONAL SHIP SECURITY CERTIFICATE: BODY WHICH CONDUCTED VERIFICATION (IF DIFFERENT):	
16	REMARKS	

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

Issued by the Company: _____ Date of issue: _____

Signature of Authorized Person: _____

Name of Authorized Person: _____