



Certificate No. 12HO-1509PANDOC

DOCUMENT OF COMPLIANCE

REPUBLIC OF PANAMA

Issued under the provisions of the
INTERNATIONAL CONVENTION FOR THE SAFETY OF LIFE AT SEA, 1974, as amended,
Under the authority of the Government of the Republic of Panama
by NIPPON KAIJI KYOKAI

Name and address of the Company : **SHUNZAN KAIUN CO., LTD.**
2-2-1, Kitahorai-cho, Imabari-city, Ehime-pref., Japan

Company identification number : **IMO 0605971**

THIS IS TO CERTIFY THAT the Safety Management System of the Company has been audited and that it complies with the requirements of the International Management Code for the Safe Operation of Ships and for Pollution Prevention (ISM Code) for the types of ships listed below (delete as appropriate):

~~Passenger ship~~
~~Passenger high-speed craft~~
~~Cargo high-speed craft~~
Bulk carrier
~~Oil tanker~~
~~Chemical tanker~~
~~Gas carrier~~
~~Mobile offshore drilling unit~~
Other cargo ship

This Document of Compliance is valid until **9th July 2017** , subject to periodical verification.

Completion date of the verification on which this certificate is based: **27th June 2012**

Issued at **Tokyo**

Date of issue **8th August 2012**

Anniversary Date : 9th July



Naotoshi Sumi


General Manager of Safety Management Systems Department

NIPPON KAIJI KYOKAI

ENDORSEMENT FOR ANNUAL VERIFICATION

THIS IS TO CERTIFY THAT, at the periodical verification in accordance with regulation IX/6.1 of the Convention and paragraph 13.4 of the ISM Code, the Safety Management System was found to comply with the requirements of the ISM Code.

1st Annual Verification


Signed:  _____
(Signature of authorized official)



Place: Imabari City, Japan

Date : 26 September 2013

2nd Annual Verification

Signed:  _____
(Signature of authorized official)



Place: Imabari, City, Japan

Date : 18 September 2014

3rd Annual Verification

Signed:  _____
(Signature of authorized official)



Place: Imabari City, Japan

Date : 15 September 2015

4th Annual Verification

Signed: _____
(Signature of authorized official)

Place: _____

Date : _____