

DOCUMENT OF COMPLIANCE

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

Republic of Singapore

(name of state)

by the **AMERICAN BUREAU OF SHIPPING**

Name and address of the Company: WAN HAI LINES LTD.

(see paragraph 1.1.2 of the ISM Code)

10TH FLOOR 136 SUNG CHIANG ROAD

TAIPEI Taiwan, R.O.C.

Company identification number: 1520088

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~~

Other Cargo Ship: Container Carrier

~~Passenger High Speed Craft~~

~~Cargo High Speed Craft~~

~~Bulk Carrier~~

~~Oil Tanker~~

~~Chemical Tanker~~

~~Gas Carrier~~

~~Mobile Offshore Drilling Unit~~

This Document of Compliance is valid until 30 June 2023, subject to periodical verification.

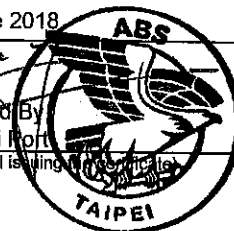
Completion date of the audit on which this certificate is based: 26 June 2018

Issued at: Taipei, Taiwan
(place of issue of the document)

Date of Issue: 26 June 2018




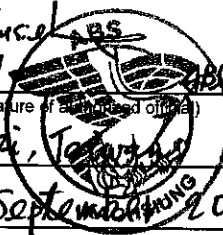
Electronically Signed By
Hsu, Hsi-Lin, Taipei Port
(Signature of the duly authorized official issuing this certificate)



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: c. FUSIEL   ABS Kaohsiung
(Signature of authorized official)
Place: Taipei, Taiwan
Date: 20 September 2019

2nd ANNUAL VERIFICATION

Signed: _____
(Signature of authorized official)
Place: _____
Date: _____

3rd ANNUAL VERIFICATION

Signed: _____
(Signature of authorized official)
Place: _____
Date: _____

4th ANNUAL VERIFICATION

Signed: _____
(Signature of authorized official)
Place: _____
Date: _____

