



REPUBLIC OF CYPRUS

SHIPPING DEPUTY MINISTRY TO THE PRESIDENT

SDM 5.13.09,
SDM 4.28.05.5
SDM 4.28.05.6.1
SDM 16.17.18

Circular No.: 7/2019

21 March 2019

All Registered Owners, Registered Bareboat Charterers,
Managers and Representatives of ships flying the Cyprus Flag

All Recognised Organisations (ROs)
All Recognised Security Organisations (RSOs)

Subject: Declaration of Particulars for the ISM and ISPS Code

I wish to inform you that the Shipping Deputy Ministry, in an effort to reduce paperwork and to avoid duplication of information has decided to replace the ISM Form required by our Circular no. 27/2006 and the ISPS C-1 Form required by our Circular no. 24/2015 with a new consolidated Form.

2. **The new Form “Declaration of Particulars for the ISM and ISPS Code”** (EN04F01/03) is attached as annex 1 to this Circular.
3. The said Form, including any future revisions, is / will be also available to be downloaded from the web page of the Shipping Deputy Ministry.
4. You are kindly requested, from now on, to use the new Form for declaring the particulars of companies and / or ships for the purposes of the ISM and ISPS Code and for compliance with the provisions of the above-mentioned Circulars.
5. The Shipping Deputy Ministry will be at your disposal for any explanations and clarifications they may deem necessary.

This Circular must be placed on board ships flying the Cyprus Flag.

Costas Iacovou
Permanent Secretary
Shipping Deputy Ministry to the President

- Cc.:
- Maritime Offices of the Shipping Deputy Ministry abroad
 - Permanent Secretary, Ministry of Foreign Affairs
 - Diplomatic and Consular Missions of the Republic
 - Honorary Consular Officers of the Republic
 - Cyprus Bar Association
 - Cyprus Shipping Chamber
 - Cyprus Union of Shipowners

Encl.



Annex 1

| | | |
|-------------------------------------|---|-----------|
| SHIPPING DEPUTY MINISTRY | DECLARATION OF PARTICULARS FOR THE ISM & ISPS CODE | Page: 1/4 |
|-------------------------------------|---|-----------|

| | |
|------------------------------------|----------------------------------|
| Name of Management Company: | IMO Unique Company ID No: |
|------------------------------------|----------------------------------|

| | |
|------------------------|--------------------|
| Name of Vessel: | IMO Number: |
|------------------------|--------------------|

Chose the case/cases concerned for the application of the ISM/ISPS Form.

| Management Company | | |
|---------------------------|--|--------------------------|
| 1. | Company's certification by this Government in accordance with Reg. 4 of Chapter IX of SOLAS 74 as amended. (Authorization required) | <input type="checkbox"/> |
| 2. | Change of Company's address (Business). (Authorization required) | <input type="checkbox"/> |
| 3. | Change of auditing body (RO). (Authorization required) | <input type="checkbox"/> |
| 4. | Change of Company's Name. (No Authorization required) | <input type="checkbox"/> |
| 5. | Amendments of Company's particulars other than business address, i.e. *registered address, change of contact details, designated person, company security officer etc. * (clarify): (No Authorization required) | <input type="checkbox"/> |

| Vessel | | |
|---------------|---|--------------------------|
| 6. | Registration under the flag of the Republic of Cyprus. (Authorization required) | <input type="checkbox"/> |
| 7. | Change of Ship's Management Company. (Authorization required) | <input type="checkbox"/> |
| 8. | Change of auditing body (RO-ISM). (Authorization required) | <input type="checkbox"/> |
| 9. | Change of auditing body (RSO-ISPS). (No Authorization required) | <input type="checkbox"/> |
| 10. | Transfer of Ownership. (No Authorization required) | <input type="checkbox"/> |

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| SHIPPING DEPUTY MINISTRY | DECLARATION OF PARTICULARS FOR THE ISM & ISPS CODE | Page: 2/4 |
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1. Vessel (not to be completed when reporting changes of the particulars of the Company)

| | | |
|-----------------|-------------|-----------------|
| Name of Vessel: | IMO Number: | Type of Vessel: |
|-----------------|-------------|-----------------|

2. Management Company (ISM Ref: 1.1.2)

| | |
|---------------------------|---------------------------|
| Registered Name: | |
| Registered Address: | Business Address: |
| | Telephone: |
| | Fax: |
| | E Mail: |
| Country of Incorporation: | IMO Unique Company ID No: |

3. Designated Person (ISM Ref: 4)

| | |
|-------------------|------------------------|
| Designated Person | Back – up to the D.P.A |
| Name: | Name: |
| Surname: | Surname: |
| Direct Telephone: | Direct Telephone: |
| Mobile Telephone: | Mobile Telephone: |
| E-Mail: | E-Mail: |

4. Company Security Officer (ISPS Ref: 11)

| | |
|--------------------------|------------------------|
| Company Security Officer | Back – up to the C.S.O |
| Name: | Name: |
| Surname: | Surname: |
| Direct Telephone: | Direct Telephone: |
| Mobile Telephone: | Mobile Telephone: |
| E-Mail: | E-Mail: |

| | | |
|-------------------------------------|---|-----------|
| SHIPPING DEPUTY MINISTRY | DECLARATION OF PARTICULARS FOR THE ISM & ISPS CODE | Page: 3/4 |
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5. Branch Office(s) (If Applicable / If More than one please refer to Annex 1)

| | |
|---------------------|-------------------|
| Registered Name: | |
| Registered Address: | Business Address: |
| | Telephone: |
| | Fax: |
| | E Mail: |

6. Owner / Bareboat Charterer

| |
|------------------------------------|
| Registered Name: |
| IMO Unique Registered Owner ID No. |

7. Nomination of the Auditor

| Document Of Compliance (ISM Ref 13.2) | Safety Management Certificate (ISM Ref 13.4) | International Ship Security Certificate (ISPS Ref 19.2) |
|--|---|--|
| Issued by/ To be issued: | Issued by/ To be issued: | Issued by/ To be issued: |

I the undersigned hereby declare and state for and on behalf of the owner / bareboat Charterer, that:

- *the above information is true and correct; and*
- *I am duly authorised by the owner / bareboat charterer to provide the aforesaid information.*
- *The owner / bareboat charterer has have conducted a management agreement with the Company stated in section 2 of this form*

| | |
|--------|------------|
| Name: | Signature: |
| Place: | Date: |

I the undersigned hereby declare and state for and on behalf of the Company, that:

- *the above information is true and correct; and*
- *I am duly authorised by the Company to provide the aforesaid information.*
- *The Company has conducted a management agreement with the Owner / Bareboat Charterer stated in section 5 of this form*

| | |
|--------|------------|
| Name: | Signature: |
| Place: | Date: |

Annex 1

Advice on the Branch Offices of the Company (if more than one)

1. Branch Office

| | |
|---------------------|-------------------|
| Registered Name: | |
| Registered Address: | Business Address: |
| | Telephone: |
| | Fax: |
| | E Mail: |

2. Branch Office

| | |
|---------------------|-------------------|
| Registered Name: | |
| Registered Address: | Business Address: |
| | Telephone: |
| | Fax: |
| | E Mail: |

3. Branch Office

| | |
|---------------------|-------------------|
| Registered Name: | |
| Registered Address: | Business Address: |
| | Telephone: |
| | Fax: |
| | E Mail: |