



To NIPPON KAIJI KYOKAI,

Management Systems and Maritime Education and Training Certification Department

Application for Certification of Cyber Security Management System for Ship

1. APPLICANT		Application No.	Application Date
Company Name		Person in charge (Stamp or signature)	
Address		Name of Department	
Tel:	Fax:	Mobile:	
IMO Company Identification Number :		E-mail:	

We acknowledge the provisions of "RULES FOR AUDIT AND REGISTRATION OF CYBER SECURITY MANAGEMENT SYSTEMS" of NIPPON KAIJI KYOKAI (ClassNK) and request you to carry out audit(s) and to issue certificate(s) for the Shipboard Cyber Security Management System as mentioned below:

We ensure the payment of all audit fees and expenses incurred in the below-mentioned audit(s) and/or issue of relevant certificate(s).

2. SHIPBOARD AUDIT REQUEST

Audit	Interim	Initial	Interme- diate	Renewal	Additional	Remarks
CSMS /S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change of: <input type="checkbox"/> Company <input type="checkbox"/> Flag <input type="checkbox"/> RO/RSO
Date of Audit:						ETA/ETB:
Port of Audit:						ETD:

3. PARTICULARS OF SHIP

Name of Ship			
Flag		Port of Registry	
IMO No.		Class & Class No.	
Type of ship			
<input type="checkbox"/> Passenger ship		<input type="checkbox"/> Bulk carrier	
<input type="checkbox"/> Passenger high-speed craft		<input type="checkbox"/> Oil tanker	
<input type="checkbox"/> Cargo high-speed craft		<input type="checkbox"/> Chemical tanker	
		<input type="checkbox"/> Gas carrier	
		<input type="checkbox"/> Mobile offshore drilling unit	
		<input type="checkbox"/> Other cargo ship	
What language is to be used at the audit? English other ()			
CSMS/S	Title Shipboard CSMS Manual:		Date of latest revision:
	Appointed Person by the Company to accompany the auditor <input type="checkbox"/> from ashore <input type="checkbox"/> Master <input type="checkbox"/> C/E <input type="checkbox"/> C/O <input type="checkbox"/> other ()		
	When was Internal Audit carried out? :		

4. AGENT / LOCAL AGENT

Company Name		Person in charge	
Address		Mobile:	
Tel:	Fax:	E-mail:	

Application No.	
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5. BILLING CONTACT

**Please complete the following on in cases where the billing contact and the above applicant are different.*

Company		Person in charge	
Name		Name of Department	
Address			
Tel:	Fax:	E-mail:	

6. MESSAGE AREA

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