

FORM 1
CONTINUOUS SYNOPSIS RECORD (CSR)
FOR THE SHIP WITH IMO NUMBER: IMO

The information is shown in the table. Dates should be in the format yyyy/mm/dd

No.	Item	Information
1	This document applies from (date)	
2	Flag State:	
3	Date of registration with the State indicated in 2:	
4	Name of Ship:	
5	Port of registration	
6	Name of current registered owner(s) Registered address(es):	
7	Registered owner identification number:	
8	If applicable, name of current registered bareboat charterer(s): Registered address(es):	
9	Name of Company (International Safety Management): Registered address(es): Address(es) of its safety management activities:	
10	Company identification number:	
11	Name of all classification societies with which the ship is classed:	
12	Administration/Government/Recognized Organization which issued Document of Compliance: Body which carried out audit (if different):	
13	Administration/Government/Recognized Organization which issued Safety Management Certificate: Body which carried out audit (if different):	
14	Administration/Government/Recognized Security Organization which issued International Ship Security Certificate: Body which carried out verification (if different):	
15	Date on which the ship ceased to be registered with the State indicated in 2:	
16	Remarks (insert relevant information as appropriate)	

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

Issued by the Company or

master:

Date of issue:

Signature of authorized person:

Name of authorized person:

FORM 2
AMENDMENTS TO THE CONTINUOUS SYNOPSIS RECORD (CSR) DOCUMENT NUMBER
FOR THE SHIP WITH IMO NUMBER: IMO

The amendments are shown in the table. Indicate N/C for all items not being changed. Dates should be in the format yyyy/mm/dd

No.	Item	Information
1	This document applies from (date)	
2	Flag State:	
3	Date of registration with the State indicated in 2:	
4	Name of Ship:	
5	Port of registration	
6	Name of current registered owner(s) Registered address(es):	
7	Registered owner identification number:	
8	If applicable, name of current registered bareboat charterer(s) : Registered address(es):	
9	Name of Company (International Safety Management): Registered address(es): Address(es) of its safety management activities:	
10	Company identification number:	
11	Name of all classification societies with which the ship is classed:	
12	Administration/Government/Recognized Organization which issued Document of Compliance: Body which carried out audit (if different):	
13	Administration/Government/Recognized Organization which issued Safety Management Certificate: Body which carried out audit (if different):	
14	Administration/Government/Recognized Security Organization which issued International Ship Security Certificate: Body which carried out verification (if different):	
15	Date on which the ship ceased to be registered with the State indicated in 2:	
16	Remarks (insert relevant information as appropriate)	

THIS IS TO CERTIFY THAT this record is correct in all respects. Issued by the Company or

master:
 Date of issue:
 Signature of authorized person:
 Name of authorized person:

