Date:

To NIPPON KAIJI KYOKAI,

　　　Management Systems and Maritime Education and Training Certification Department

**Application for Certification of Cyber Security Management System for Company**

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 / to issue certificate for the Cyber Security Management System as mentioned below:

|  |  |
| --- | --- |
| Type of Audit |  [ ]  Initial\* [ ]  Annual [ ]  Renewal [ ]  Issuing Interim DOC\* [ ]  Additional ( Note ) [ ]  for DNC ( Relevant Record No ) |
| Company | Name: |  |
|  | Address: |  |
|  | IMO Company Identification Number: |  |
|  | NK Company ID Number: |  |
|  | Telephone No.: |  | Fax No.: |  |
|  | E-mail: |  |
|  | Designated Person(s): |  |
|  | Person in charge: |  | (Official Position): |  |
| Type of Ship\* |  [ ]  Oil Tanker [ ]  Chemical Tanker [ ]  Gas Carrier [ ]  Bulk Carrier [ ]  Passenger Ship | [ ]  Passenger HSC[ ]  Cargo HSC[ ]  MODU[ ]  Other Cargo Ship |
| Ship’s Flag | Company manages the ship(s) under following flag(s) at the present time |
|  | (1) |  | (2) |  | (3) |  | (4) |  | (5) |  |
|  | (6) |  | (7) |  | (8) |  | (9) |  | (10) |  |
| Audit Schedule | Proposed Date : |  |

\* : Type of Ship is to be referred in regulation IX/1 of the SOLAS Convention.

All fees and expenses incurred in the above mentioned audit and issue of certificate(s) are to be paid by;

|  |  |
| --- | --- |
| Name of Company: |  |
| Address: |  |
| Telephone No.: |  | Fax No.: |  |
| Applicant’s signature: |  |
|  ( ) |

\*: In case of Initial Audit or Audit for issuing Interim CSMS/C, Cyber Security Management Manual and Procedures related to CSMS, the size and total number of each ship type covered by the CSMS and Outlines of the Company and its business activity must be submitted.

|  |  |
| --- | --- |
| NK Company ID Number:  |  |

|  |  |
| --- | --- |
| Title of the Cyber Security Management Manual  | Latest Revision Date |
|  |  |

|  |  |  |
| --- | --- | --- |
| Initial Audit | Company | Ships |
| Has the Company’s CSMS been implemented for at least 3 months at ashore and at least one ship of each ship type? (Starting date) |  | Oil Tanker |
| Chemical Tanker |
| Gas Carrier |
| Bulk Carrier |
| Other Cargo Ship |
| Have the Internal Audits for organization ashore and for at least one ship of each ship type been carried out? (on what date) |  | Oil Tanker |
| Chemical Tanker |
| Gas Carrier  |
| Bulk Carrier |
| Other Cargo ship |

|  |  |
| --- | --- |
| Annual or Renewal Audit | Number |
| Total number of Ships managed under the CSMS/C issued by ClassNK |  |  |