To NIPPON KAIJI KYOKAI,

　　Management Systems and Maritime Education and Training Certification Department

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

|  |  |  |  |
| --- | --- | --- | --- |
| Application No. |  | Application Date |  |

**1. APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| CompanyNameAddress |  | Person in charge(Stamp or signature) |  |
| 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** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Change of: [ ]  Company [ ]  Flag [ ]  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 |
| [ ]  Passenger ship | [ ]  Bulk carrier | [ ]  Gas carrier |
| [ ]  Passenger high-speed craft | [ ]  Oil tanker | [ ]  Mobile offshore drilling unit |
| [ ]  Cargo high-speed craft | [ ]  Chemical tanker | [ ]  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 [ ] from ashore [ ] Master [ ] C/E [ ] C/O [ ] other ( ) |
| When was Internal Audit carried out? : |  |

**4. AGENT / LOCAL AGENT**

|  |  |  |  |
| --- | --- | --- | --- |
| CompanyNameAddress |  | Person in charge |  |
| Mobile: |  |
| Tel:  |  | Fax:  |  | E-mail:  |  |

|  |  |
| --- | --- |
| Application No. |  |

**5. BILLING CONTACT**

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

|  |  |  |  |
| --- | --- | --- | --- |
| CompanyNameAddress |  | Person in charge |  |
| Name of Department |  |
| Tel:  |  | Fax:  |  | E-mail:  |  |

**6. MESSAGE AREA**

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