

Date:

To NIPPON KAIJI KYOKAI (

) Branch/Office

Application for Company Audit of SMS

We acknowledge the provisions of "RULES FOR AUDIT AND REGISTRATION OF SAFETY MANAGEMENT SYSTEMS" and "CONDITIONS OF SERVICE FOR CLASSIFICATION OF SHIPS AND REGISTRATION OF INSTALLATIONS" of NIPPON KAIJI KYOKAI (ClassNK) and request you to carry out audit / to issue certificate for the Safety 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 Passenger HSC								
	Chemical Tanker Cargo HSC								
	Gas Carrier MODU								
	Bulk Carrier Other Cargo Ship								
	Passenger 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:									

rume of company			
Address:			
Telephone No.:			
Applicant's signature:	(

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

NK Company ID Number:

Names and Official Position	s of per	sons responsible	for the fo	llowing fu	nctions					
Signer to the Management Pol	icy									
Designated Person, Ashore										
Marine										
Manning										
Maintenance										
Number of relevant employees who carry out or have responsibility to SMS of the Company.										
Title of the Safety Management Manual Lates						st Revision Date				
Initial Audit				Comp	any		Ships			
Has the Company's SMS 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 Aud		Number								
Total number of Ships manage										
Total number of Ships manage										
Number of Ships operated with SMC or Interim SMC issued by ClassNK										
Number of Ships operated with SMC or Interim SMC issued by other than ClassNK							*			
*: Please write-down the particular of ships in the table below or attach another paper, if any.										
List of Ships operated under NK DOC with (Interim) SMC issued by other than ClassNK (if any)										
No Ship name IMO 1	INO.	Kind of Ship	Flag		Class		SMC issuer			
2										
3										
4										