

**CONTINUOUS SYNOPSIS RECORD (CSR) DOCUMENT NUMBER _____ FOR THE SHIP
WITH IMO NUMBER: IMO _____**

Information ¹	
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 chartered (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 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 (<i>insert relevant information as appropriate</i>)

Issued by the Administration of Republic of Italy

THIS TO CERTIFY THAT this record is correct in all respects



Place and date of issued :

Signature of authorized person:

Name of authorized person:

This document was received by the ship and attached to the ship's CSR file on the following date
Date _____ Signature _____

¹ Dates should be in the format dd/mm/yyyy

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

Information ¹	
1	This document applies from (date):
2	Flag State:
3	Date of registration with the State indicated in 2:
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5	Port of registration:
6	Name of current registered owner(s): Registered address (es):
7	Registered owner identification number
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9	Name of Company (International Safety management): Registered address (es): Address(es) of its safety management activities:
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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 (<i>insert relevant information as appropriate</i>)

Issued by the Company or Master

THIS TO CERTIFY THAT this record is correct in all respects

Place and date of issued :

Signature of authorized person:

Name of authorized person:

¹ The amendments are shown in the table : Indicate N/C for all items not being changed: Date should be in the format dd/mm/yyyy

