

INITIAL INPUT FORM

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

Additional blank forms may be downloaded from the Danish Maritime Authority's web site at the address:
www.dma.dk.

Dates shall be in the format yyyy/mm/dd.

Info. No.	Information item according to SOLAS Chapter XI-1, reg. 5.3	Information
1	This document applies from (date)	
2	Flag State	Denmark
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) and their registered address(es)	
7	Registered owner identification number	
8	If applicable, name of current registered bareboat charterer(s) and their registered address(es)	
9A	Name and registered address(es) of Company (International Safety Management)	
9B	Address(es) of its safety management activities	
10	Company identification number	
11A	Name of the primary classification society with which the ship is classed	
11B	If applicable, name of the classification society with which the ship is dual classed	
12A	Administration / Government / Recognized Organization which issued Document of Compliance (DOC)	
12B	Body which carried out audit (if different)	
13A	Administration / Government / Recognized Organization which issued Safety Management Certificate (SMC)	
13B	Body which carried out audit (if different)	
14A	Administration / Government / Recognized Organization which issued International Ship Security Certificate (ISSC)	

Info. No.	Information item according to SOLAS Chapter XI-1, reg. 5.3	Information
14B	Body which carried out verification (if different)	
15	The date on which the ship ceased to be registered in Denmark	
16	Remarks (<i>Insert relevant information as appropriate</i>)	

Information number 17 and 18 below are included to facilitate a complete record at the DMA. The DMA will be very grateful if this information is supplied in addition to the required items.

Info. No.	Additional information item	Information
17A	Administration / Government / Recognized Organization which issued remaining statutory certificates ¹	
17B	Body which carried out survey (if different)	
18	Maximum deadweight (DWT)	

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

Issued by the Company or master of the vessel:	
Place and date of issue:	
Name of authorized person:	
Phone number of authorized person:	
E-mail address of authorized person:	

Signature of authorized person: _____

The form may be submitted by:

e-mail srg@dma.dk or ordinary mail to:

Danish Maritime Authority

Register of ships

Carl Jacobsens Vej 31

DK-2500 Valby

Danmark

¹ SOLAS and MARPOL certificate other than ISSC, DOC and SMC.