



**MARINE HEADQUARTERS,  
MARINE DEPARTMENT MALAYSIA,  
P.O.BOX 12, JALAN LIMBUNGAN,  
42007, PORT KLANG,  
SELANGOR, MALAYSIA.**

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**INTERNATIONAL SAFETY MANAGEMENT CODE  
APPLICATION FORM**

Applicant's Name : \_\_\_\_\_

Company's Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Declaration:**

- a. We hereby declare that the information provided in the questionnaire is correct.
- b. We hereby declare that the information provided in the questionnaire, which was previously submitted, is still valid.
- c. We agree to pay all fees/costs pertaining to the issuance of certificate and any expenses which may be properly chargeable.

*(please tick as appropriate)*

**To: ISM Unit, Marine Headquarters, Marine Department Malaysia.**

Please be informed that we would like to submit the application as follows: -

Document of Compliance (DOC)

Safety Management Certificate (SMC)

a Document Review, for:

or

a Verification, for:

Interim DOC

Initial Audit

Additional Ship Type

Annual Audit

Change of SMS

Renewal Audit

Change of DOC details

Additional/Branch Audit

Ship-sampling:

Ship name: \_\_\_\_\_

Ship location/route: \_\_\_\_\_

Proposal date: \_\_\_\_\_

Current DOC is valid until: \_\_\_\_\_

.....  
(signature)

Position: .....

Mobile No: .....

E-mail: .....

Date: .....

## QUESTIONNAIRE

Please fill in this questionnaire to allow us to understand your business to serve you with the best positive manner.

### 1. Company's Particulars and Branches

IMO Company Identification Number: \_\_\_\_\_  
 Tel No: \_\_\_\_\_  
 Fax No: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

BRANCH OFFICES (Company Name & Address)		DEPARTMENT / FUNCTION
1.		
2.		
3.		

*(To be filled in if ISM function are managed by branch offices or at third party premises)*

### 2. Top Management Particulars

Name : \_\_\_\_\_  
 Title : \_\_\_\_\_  
 Contact No. Office : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
 E-mail : \_\_\_\_\_

### 3. Designated Person

Name : \_\_\_\_\_  
 Department : \_\_\_\_\_  
 Contact No. Office : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
 E-mail : \_\_\_\_\_

### 4. Summary of ship under the Company's management

*(All ships with ISM compliance including ships registered with other flag states)*

Ship	Ship Type:		Number of Ship:	
	Ship Type:		Number of Ship:	
	Ship Type:		Number of Ship:	
	Ship Type:		Number of Ship:	
	Ship Type:		Number of Ship:	
	Ship Type:		Number of Ship:	

***Type of ship:***

PS – Passenger ship  
 BC – Bulk Carrier  
 GC – Gas Carrier

PSHSC- Passenger High Speed Craft  
 OT – Oil Tanker  
 MODU – Mobile Offshore Drilling Unit

CSHSC – Cargo Ship High Speed Craft  
 CT – Chemical Tanker  
 OCS – Other cargo ship (please specify)

**5. List of ships managed by the Company (for Malaysian flag only)**

The company may also submit or attach list of ship in a separate/different pages and format.

No	Name of Ship	IMO Number	Gross Tonnage	RO issuing SMC	SMC expiry date	Ship Type
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Type of ship as per ISM Code:

PS – Passenger ship  
BC – Bulk Carrier  
GC – Gas Carrier

PSHSC- Passenger High Speed Craft  
OT – Oil Tanker  
MODU – Mobile Offshore Drilling Unit

CSHSC – Cargo Ship High Speed Craft  
CT – Chemical Tanker  
OCS – Other cargo ship (please specify)

**6. Attachments**

The following documents are to be submitted (please tick where applicable)

**For Interim DOC:**

- 1. Company Safety & Environmental Protection Policy
- 2. Organization Chart in related to ISM
- 3. Job function & responsibility in related to ISM
- 4. Emergency contact details
- 5. ISM implementation program / gantt chart
- 6. DOC issued from another flag state
  
- 7. Copy of ship(s) registry
  
- 8. Appointment letter from shipowner
- 9. IHS Fairplay – Company’s IMO number
- 11. Copy of Appointment and Cancellation of Ship Manager form (DK/BKI/02); or/and
- 12. Copy of Appointment and Cancellation of Ship Manager form (MISR/BKI/04/05)
- 13. Designated Person appointment letter
- 14. Company Security Officer appointment letter

**For additional ship type / branch audit / change of address:**

- 1. Copy of ship(s) registry
- 2. Organization Chart in related to ISM
- 3. Job function & responsibility in related to ISM
- 4. ISM implementation program / gantt chart
- 5. Appointment letter from shipowner/shipmanager
- 6. Copy of Appointment and Cancellation of Ship Manager form (DK/BKI/02); or/and
- 7. of Appointment and Cancellation of Ship Manager form (MISR/BKI/04/05)
- 8. Designated Person appointment letter
- 10. Company’s registration certificate