



MALAYSIA MARINE DEPARTMENT  
HEADQUARTERS,  
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LAMPIRAN 1

## INTERNATIONAL SAFETY MANAGEMENT CODE APPLICATION FORM

**Applicant's Name:** \_\_\_\_\_  
**Company's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Declaration:

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

**To: Audit and Verification Unit, Maritime Industrial Control Division**  
Malaysia 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Interim DOC           | <input type="checkbox"/> Initial Audit           |
| <input type="checkbox"/> Additional Ship Type  | <input type="checkbox"/> Annual Audit            |
| <input type="checkbox"/> Change of SMS         | <input type="checkbox"/> Renewal Audit           |
| <input type="checkbox"/> Change of DOC details | <input type="checkbox"/> Additional/Branch Audit |
|  | <input type="checkbox"/> 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 Particular and Branches:

IMO company identification number: \_\_\_\_\_  
 Tel. No.: \_\_\_\_\_  
 Fax. No.: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

	Branch Offices (Name & Address)	Department / Function
1.		
2.		

### 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 ship's 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:	

Type of ships:  
 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 Ships (Please specify)

**5. List of ship 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.	Ship Name	IMO Number	Gross Tonnage	RO issuing SMC	SMC expiry date	Ship Type
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Type of ships 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 Ships (Please specify)

**6. Attachments**

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

**For Interim DOC:**

- ☐ 1. Company Safety & environment 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
- ☐ 10. Copy of Appointment and Cancellation of Ship Manager from (DK/BKI/02); or/and
- ☐ 11. Copy of Appointment and Cancellation of Ship Manager from (MISR/BKI/04/05)
- ☐ 12. Designated Person appointment letter
- ☐ 13. 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 form shipowner /ship manager
- ☐ 6. Copy of Appointment and Cancellation of Ship Manager from (DK/BKI/02): or/and
- ☐ 7. Copy of appointment and cancellation of ship Manager form (MISR/BKI/04/05)
- ☐ 8. Designated Person appointment letter
- ☐ 9. Company's registration certificate