



**MARINE DEPARTMENT HEADQUARTERS,
PENINSULAR MALAYSIA,
P.O.Box 12,
42007 PORT KLANG,
SELANGOR, MALAYSIA.**

Fax : 03-3168 4454
Telephone : 03-3346 7777
Cable : MARINE PELABUHAN KLANG
E-mail : kpgr@marine.gov.my

**INTERNATIONAL SAFETY MANAGEMENT CODE
APPLICATION FORM**

Contact Person : _____
Company's Name : _____
Address : _____

BRANCH OFFICES (Address) :		Department / Activities
1		
2		
3		

* To be filled in if ISM function are managed by Branch offices or at Third Party Premises

Tel : _____
Fax : _____
E-mail : _____

Declaration:

- I/We hereby declare that the information provided in the questionnaire is correct.*
- I/We hereby declare that the information provided in the questionnaire, which was previously submitted, is still valid.*
- I/We understand and agree to comply with the provisions of the Malaysia Shipping Notice, a copy of which has been made available to me/us.
- I/We agree to pay all fees/costs pertaining to the issuance of certificate.

.....)
(

Position:

Date:

Please return duly completed form to:
the above mentioned address

- *Delete where applicable*

TYPE OF CERTIFICATION REQUIRED		
DOC	<input type="checkbox"/>	INTERIM <input type="checkbox"/> SMC <input type="checkbox"/>

TYPE OF AUDITS REQUIRED: FOR OFFICIAL USE ONLY	
DOC REVIEW	<input type="checkbox"/>
INITIAL/RENEWAL AUDIT	<input type="checkbox"/>
PERIODICAL AUDIT	<input type="checkbox"/>
SHIP SAMPLING	<input type="checkbox"/>



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

1. DESCRIPTION OF THE COMPANY/SHIP

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

2. LIASON

Alternate Contact Person : _____

Department/Direct Line : _____

FAX No.: _____	E-Mail: _____
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3. ATTACHMENTS IF APPLICABLE

- New Application
 - a. Company Safety And Environmental-Protection Policy
 - b. Organization Chart and Defined Levels of Authority and Lines of Communication Between, And Amongst, Shore And Shipboard Personnel
 - c. Job Function and Responsibility
 - d. Procedures To Prepare For And Respond To Emergency Situation
 - e. Implementation Program

- Addition New Ship Types
 - a. Ship Types
 - b. Certificated of Registration
 - c. Appointment Letter (from ship owner if applicable)
 - d. Implementation Plan

- Initial Audit/ Annual Audit/ Renewal Audit
 - a. SMC (for each vessel)
 - b. Proposal date for audit