|  |  |  |
| --- | --- | --- |
|  | **Declaration of Company Security Officer(s)****(Form CSO)** | Tuvalu Ship Registry10 Anson Road #25-16International PlazaSingapore 079903Tel: (65) 6224 2345Fax: (65) 6227 2345Email: info@tvship.comWebsite: [www.](http://www.mgnship.mn)tvship.com |

Among the provisions of Chapter XI-2 of the International Convention for the Safety of Life at Sea (SOLAS), 1974, which incorporates the special measures to enhance maritime security through the International Ship and Port Facility Security (ISPS) Code, owners of ships to which the provisions of Chapter XI-2 of SOLAS applies are required to designate Company Security Officer(s) (CSO) for ships managed by them. A person designated as the CSO may act as the CSO for more than one ship and the “Company” may designate more than one CSO for its ships provided it is clearly identified for which ships the CSO(s) are responsible for.

The undersigned affirms that:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of CSO** | **24hr Mobile Contact** | **Email** |
| (1) |       |       |       |
| (2) |       (alternate) |       |       |

has/have been assigned as the CSO(s) for the following Tuvalu registered vessel(s) in accordance to Chapter XI-2, Regulation 4, of SOLAS, 1974, as amended, and the ISPS Code, and undertaken that the said CSO(s) will be available to the Tuvalu Ship Registry Operations Office at any time as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Vessel** | **Official Number** | **RSO for ISSC** | **IMO Number** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Full contact details of the CSO(s) to which official correspondence and materials may be sent to:

|  |  |
| --- | --- |
| **Name Of Company** | **Company IMO No.** |
|       |       |
| **Telephone** | **Fax** | **Email** |
|       |       |       |
| **Full Address** |
|       |

The undersigned individuals further understand that any change in CSO(s) or RSO(s) must be made in writing by email. Any change will be acknowledged within 24 hours of being received.

|  |  |  |
| --- | --- | --- |
| **Name & Title (on behalf of the “Company”)** | **Signature** | **Date** |
|       |  |       |