



DOCUMENT OF COMPLIANCE

Issued under the provisions of the **INTERNATIONAL CONVENTION FOR THE SAFETY OF LIFE AT SEA, 1974**, as amended under the authority of the Government of **THE REPUBLIC OF THE MARSHALL ISLANDS**

by the **AMERICAN BUREAU OF SHIPPING**

Name and address of the Company: **CS OFFSHORE DMCC**
(see paragraph 1.1.2 of the ISM Code)

No. 2505, 1 Lake Plaza, Jumeirah Lake Towers P.O. Box 32560

Dubai United Arab Emirates

Company identification number: **5932751**

THIS IS TO CERTIFY THAT the Safety Management System of the Company has been audited and the it complies with the requirements of the International Management Code for the Safe Operation of Ships and for Pollution Prevention (ISM Code) for the types of ships listed below (delete as appropriate):

- ~~Passenger Ship~~
- ~~Passenger high-Speed Craft~~
- ~~Cargo High-Speed Craft~~
- ~~Bulk-Carrier~~
- ~~Oil-Tanker~~
- ~~Chemical Tanker~~
- ~~Gas-Carrier~~
- ~~Mobile-Offshore-Drilling-Unit~~
- ~~Other Cargo Ship Offshore Support Vessel~~

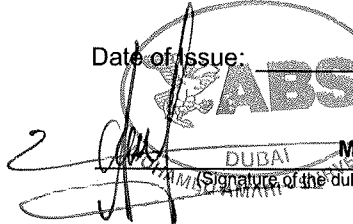
This Document of Compliance is valid until 23 May 2021, subject to periodical verification.

Completion date of the audit on which this certificate is based: 23 May 2016



Issued at: Dubai,U.A.E
(place of issue of the document)

Date of issue: 08 September 2016


Mohamed Amari, Dubai Port
(Signature of the duly authorized official issuing the certificate)

ENDORSEMENT FOR ANNUAL VERIFICATION

THIS IS TO CERTIFY THAT, at the periodical verification in accordance with regulation IX/6.1 of the Convention and paragraph 13.4 of the ISM Code, the Safety Management System was found to comply with the requirements of the ISM Code.

1st ANNUAL VERIFICATION

Signed: _____
(Signature of authorized official)

Place: _____

Date: _____

2nd ANNUAL VERIFICATION

Signed: _____
(Signature of authorized official)

Place: _____

Date: _____

3rd ANNUAL VERIFICATION

Signed: _____
(Signature of authorized official)

Place: _____

Date: _____

4th ANNUAL VERIFICATION

Signed: _____
(Signature of authorized official)

Place: _____

Date: _____