



APPLICATION for Continuous Synopsis Record – CSR

Dates should be in the format yyyy/mm/dd.

FOR THE SHIP WITH IMO NUMBER:

1	This document applies from (date):	
2	Flag State:	Norway
3	Date of registration with the Flag State:	
4	Name of the ship:	
5	Port of registration:	
6	Name of current registered owner(s) and their	
	registered address(es):	
7	Registered owner's Identification Number	
8	If applicable, name and address(es) of current	N/A
	registered bareboat charterer(s):	N/A
9	Name and address of the registered Company	
	for International Safety Management (ISM):	
	Address(es) of its safety management	
	activities:	
10	Company Identification Number	
11	Name of all classification societies with which	
	the ship is classed:	
12	Name Administration/Government-/Recognized	
	Organization which issued Document of	
	Compliance (DOC):	
13	Name Administration/Government-Recognized	
	Organization which issued Safety Management	
	Certificate (SMC):	
14	Name Administration/Government-/Recognized	
	Organization which issued International Ship	
	Security Certificate (ISSC):	
15	Date on which the ship ceased to be registered	
	with the State indicated in 2:	
16	Remarks	

THIS IS TO CERTIFY THAT this record is correct in all respects:

Issued by the Company or master:

Date of issue:

Signature of authorized person:

Name of authorized person:

SEND DIRECTLY TO

The Norwegian Maritime Authority, Ship Registers (Nis/Nor) P.O. Box 73, Nygårdstangen N-5838 BERGEN