



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 SINGAPORE**

by the **AMERICAN BUREAU OF SHIPPING**

Name and address of the Company: **ADK MARITIME PTE LTD**
(see paragraph 1.1.2 of the ISM Code)

112 Robinson Road #04-04

068902 Singapore

Company identification number: **5572538**

THIS IS TO CERTIFY THAT the Safety Management System of the Company has been audited and that it complies with the requirements of the International Management Code for the Safe Operation of Ships and for Pollution Prevention (ISM Code) for the type(s) 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~~

This Document of Compliance is valid until 18 April 2021, subject to periodical verification.

Certificate issued as per Authorization from flag Ref: FSC 2.2.08 dated 29 January 2017.

Completion date of the audit on which this certificate is based: N/A

Issued at: Singapore
(place of issue of the document)

Date of Issue 13 February 2017



Krishnamoorthy, Ramachandran, Singapore 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: _____