



THE COMMONWEALTH OF THE BAHAMAS

Notification of Changes to:

ISM Code: Declaration of Company (ISM Code: 3.1),
 ISM Code Designated Person Declaration (ISM Code 4)
 ISPS Code Company Security Officer (ISPS Code: 11.1)
Only complete sections below as required

Owner Details

Owner (Company Name):		Telephone:	
Company IMO No:		Fax:	
Full Address:		E-mail:	
City:			
Postal / Zip Code:			
Country:			

Acknowledged by BMA in accordance with IMO A.741(18) section 3.1 (ISM Code)

Date:

Managers ISM Code

Company Name:		DPA Name:	
Company IMO No:		24 hour Telephone:	
Full Address:		Fax:	
City:		E-mail:	
Postal / Zip Code:		Deputy DPA	
Country:		E-mail:	

Acknowledged by BMA in accordance with IMO A.741(18) section 4 (ISM Code)

Date:

ISPS Code Contact (If applicable)

Company Name:		CSO Name:	
Company IMO No:		24 hour Telephone:	
Full Address:		Fax:	
City:		E-mail:	
Postal / Zip Code:		Deputy CSO	
Country:		E-mail:	

Acknowledged by BMA in accordance with SOLAS XI-2 & (ISPS Code 11.1)

Date:

No:	Ships Name	IMO No:	Official No:
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Date: _____ **Signature of Owner / Manager:** _____

For official use only

Date: _____ **BMA Acknowledgement:** _____