

### SAFETY MANAGEMENT CERTIFICATE

#### REPUBLIC OF SINGAPORE

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 NIPPON KAIJI KYOKAI

Name of ship:

**ONE OLYMPUS** 

Distinctive number or letters:

401284

Port of registry:

Singapore

Type of ship\*:

Other cargo ship

Gross tonnage:

98,799

IMO Number:

IMO 9312987

Name and address

of the Company:

MMS BULKSHIP MANAGEMENT (SINGAPORE) PTE. LTD.

10 Eunos Road 8, #12-05, Singapore Post Centre, Singapore

408600

Company identification number:

IMO 1814281

THIS IS TO CERTIFY THAT the Safety Management System of the ship 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), following verification that the Document of Compliance for the Company is applicable to this type of ship.

This Safety Management Certificate is valid until 19th June 2028 , subject to periodical verification and the Document of Compliance remaining valid.

Completion date of the verification on which this certificate is based: 11th May 2023

Issued at Tokyo

Date of issue 11th May 2023 Anniversary Date: 19th June



#### NIPPON KAIJI KYOKAI



<sup>\*</sup> Insert the type of ship from among the following: 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.

## ENDORSEMENT FOR PERIODICAL VERIFICATION AND ADDITIONAL VERIFICATIONS (IF REQUIRED)

THIS IS TO CERTIFY THAT, at the periodical verification in accordance with regulation IX/6.1 of the Convention and paragraph 13.8 of the ISM Code, the safety management system was found to comply with the requirements of the ISM Code.

Intermediate Verification	Signed:	Sections:
(to be completed between <b>the second</b> and <b>the third</b> anniversary date)		(Signature of authorized official)
	Place:	
	Date:	
Additional Verification	Signed:	(Signature of authorized official)
		(Signature of authorized official)
	Place:	
	Date:	
Additional Verification	Signed:	(Signature of authorized official)
*	Place:	
	Date:	
Additional Verification	Signed:	(Signature of authorized official)
	Place:	
	Date:	



# ENDORSEMENT WHERE THE RENEWAL VERIFICATION HAS BEEN COMPLETED AND PART B 13.13 OF THE ISM CODE APPLIES

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		Signed	l:(Signature of authorized official)
		Place	
		Date	
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