

# DOCUMENT OF COMPLIANCE

Certificate No:  
**n1722729-ent**  
DNV Id No:  
**198830**  
Date of issue:  
**2022-04-07**

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

## NORWAY

by DNV

### Particulars of Company <sup>1</sup>

Company Name:	<b>Grieg Star AS</b>
Company Address:	<b>C. Sundts gate 17/19 5004 Bergen NORWAY</b>
Company Identification Number:	<b>0783281</b>

### 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 types of ships listed below:

**Bulk carrier  
Other cargo ship**

This Document of Compliance is valid until: **2027-04-18**, subject to periodical verification.

Completion date of audit on which this Certificate is based: **2022-04-07**

Issued at **Bergen, Norway** on **2022-04-07**



for DNV

*This document is signed electronically in accordance with IMO FAL.5/Circ.39/Rev.2. Validation and authentication can be obtained from trust.dnv.com by using the Unique Tracking Number (UTN):*  
**n1722729-ent and ID: 198830**

**Thomas Rørvik Jacobsen**

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<sup>1</sup> See paragraph 1.1.2 of the ISM Code.





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**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.

Anniversary date is

**18 Apr**

Range:

**18 Jan to 18 Jul**

\*Renewal range is three (3) months prior to DOC expiration

1st Annual Verification

**C. Sundts gate 17/19  
5004 Bergen**

Place: **Norway, Norway**

Date: **2023-06-27**



Signature: **Jens Bülck**

2nd Annual Verification

Place: .....

Date: .....

Signature: .....

Stamp

3rd Annual Verification

Place: .....

Date: .....

Signature: .....

Stamp

4th Annual Verification

Place: .....

Date: .....

Signature: .....

Stamp