

## FORM 2

### AMENDMENTS TO THE CONTINUOUS SYNOPSIS RECORD (CSR) DOCUMENT NUMBER                      FOR THE SHIP WITH IMO NUMBER:

If changes occur to previous entered CSR information, the Owner/Master of Vessels under Faroese flag to which the CSR regulations applies<sup>1</sup>, shall forward the additional/revised information by filling in this form and forwarding it to the Faroese Maritime Authority as described in the end of this form.

Additional blank forms may be downloaded from the Faroese Maritime Authority's web site at the address: [www.fma.fo](http://www.fma.fo).

The amendments are shown in the table. **Indicate N/C for all items not being changed.**

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

Info. No.	Information item according to SOLAS Chapter XI-1, reg. 5.3	Information
1	This document applies from (date):	
2	Flag State:	Faroe Islands
3	Date of registration with the State indicated in 2:	
4	Name of ship:	
5	Port of registration:	
6	Name of current registered owner(s): and their registered address(es):	
7	Registered owner identification number:	
8	If applicable, name of current registered bareboat charterer(s): Registered address(es):	
9	Name of Company (International Safety Management):  Registered address(es):  Address(es) of its safety management activities:	
10	Company identification number	

<sup>1</sup> Passenger ships and Cargo Ships with a Gross Tonnage of 500 or more engaged in international trade.

<b>Info. No.</b>	<b>Information item according to SOLAS Chapter XI-1, reg. 5.3</b>	<b>Information</b>
<b>11</b>	Name of the classification society with which the ship is classed:	
<b>12</b>	Administration / Government / Recognized Organization which issued Document of Compliance (DOC):  Body which carried out audit (if different):	
<b>13</b>	Administration / Government / Recognized Organization which issued Safety Management Certificate (SMC):  Body which carried out audit (if different)	
<b>14</b>	Administration / Government / Recognized Organization which issued International Ship Security Certificate (ISSC):  Body which carried out verification (if different)	
<b>15</b>	Date on which the ship ceased to be registered with the State indicated in 2:	
<b>16</b>	Remarks (Insert relevant information as appropriate)	

Information number 17 and 18 below are included to facilitate a complete record at the FMA. The FMA will be very grateful if this information is supplied in addition to the required items.

<b>Info. No.</b>	<b>Additional information item</b>	<b>Information</b>
<b>17</b>	Administration / Government / Recognized Organization which issued remaining statutory certificates <sup>2</sup> :  Body which carried out survey (if different):	
<b>18</b>	Maximum deadweight (DWT):	

<sup>2</sup> SOLAS and MARPOL certificate other than ISSC, DOC and SMC.

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

Issued by the Company or master of the vessel:	
Place and date of issue:	
Name of authorized person:	
Phone number of authorized person:	
E-mail address of authorized person:	

Signature of authorized person: \_\_\_\_\_

The form may be submitted by fax or ordinary mail to:  
Fax: +298 351505

## **Faroese Maritime Authority**

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