

# SAFETY MANAGEMENT CERTIFICATE

No STS0/EDU/20190228213627

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

**GOVERNMENT OF IRELAND**

By BUREAU VERITAS

Name of Ship BV No: 21950L	Distinctive number or letters	Port of Registry	Gross Tonnage	IMO Number
<b>ARKLOW SPRAY</b>	<b>EIOG8</b>	<b>ARKLOW</b>	<b>22868</b>	<b>9649548</b>

Name of Company (Identification Number : 0036202)	Ship Type
<b>ARKLOW SHIPPING NORTH QUAY ARKLOW Co WICKLOW IRELAND</b>	<b>Bulk carrier</b>

## 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 **30 March 2024**, subject to periodical verification and the Document of Compliance remaining valid.

Completion date of the audit on which this certificate is based : 30 March 2019

Issued at **Pecem, Brazil**, on the **28 February 2019**



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**BUREAU VERITAS**

By order of the Secretary  
Eduardo Vida

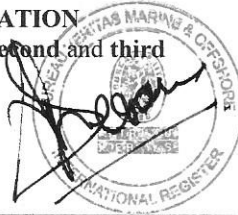
Certificate No. STS0/EDU/20190228213627

**ENDORSEMENT FOR INTERMEDIATE VERIFICATION AND  
ADDITIONAL VERIFICATION (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.

**RANGE :** From 30 March 2021 to 30 March 2022

**INTERMEDIATE VERIFICATION**  
(to be completed between the second and third anniversary date)



Signed : YUDHVEER S SHEKHAN  
Place : ANTWERP, BELGIUM  
Date : 30/03/2024

**ADDITIONAL VERIFICATION**

Signed : .....  
Place : .....  
Date : .....

**ADDITIONAL VERIFICATION**

Signed : .....  
Place : .....  
Date : .....

**ADDITIONAL VERIFICATION**

Signed : .....  
Place : .....  
Date : .....