



Document No.: 947244-6797804-011

DOCUMENT OF COMPLIANCE

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



<https://ABSeCert.Eagle.org>

Republic of the Marshall Islands

(name of state)

by the **AMERICAN BUREAU OF SHIPPING**

Name and address of the Company: EMPIRE NAVIGATION INC.
(see paragraph 1.1.2 of the ISM Code)

88 VOULIAGMENIS AVENUE

167 77 ELLINIKO, Greece

Company identification number: 5489554

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 (delete as appropriate):

~~Passenger Ship~~

~~Other Cargo Ship~~

~~Passenger high Speed Craft~~

~~Cargo High Speed Craft~~

~~Bulk Carrier~~

Oil Tanker

Chemical Tanker

~~Coast Carrier~~

~~Mobile Offshore Drilling Unit~~

This Document of Compliance is valid until 25 January 2030, subject to periodical verification.

Completion date of the verification on which this certificate is based: 15 January 2025

Issued at: Piraeus, Greece
(place of issue of the document)

Date of Issue: 15 January 2025



Electronically Signed By:
Rogdakis, Dimitrios, Hellenic, Piraeus Port
(Signature of the duly authorized official issuing the certificate)

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.

1st ANNUAL VERIFICATION

Signed: _____

(Signature of authorized official)

Place: _____

Date: _____

2nd ANNUAL VERIFICATION

Signed: _____

(Signature of authorized official)

Place: _____

Date: _____

3rd ANNUAL VERIFICATION

Signed: _____

(Signature of authorized official)

Place: _____

Date: _____

4th ANNUAL VERIFICATION

Signed: _____

(Signature of authorized official)

Place: _____

Date: _____

