



Certificate No. **24HI-M000800PANDOC**

DOCUMENT OF COMPLIANCE

REPUBLIC OF PANAMA

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 Panama
by NIPPON KAIJI KYOKAI

Name and address
of the Company :
(see paragraph 1.1.2 of the ISM Code)

**SOUTHERN PETROLEUM TRANSPORTATION JOINT
STOCK COMPANY**

**6th Floor, PVFCCo Building, 43 Mac Dinh Chi Street, Da
Kao Ward, District 1, Ho Chi Minh City, Vietnam**

Company identification number : **IMO 5385251**

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~~
~~Passenger high-speed craft~~
~~Cargo high-speed craft~~
~~Bulk carrier~~
Oil tanker
Chemical tanker
~~Gas carrier~~
~~Mobile offshore drilling unit~~
~~Other cargo ship~~

This Document of Compliance is valid until **11th March 2029** , subject to periodical verification.

Completion date of the verification on which this certificate is based: **12th March 2024**

Issued at **Ho Chi Minh**
Date of issue **12th March 2024**
Anniversary Date : **11th March**



N.M. LUAN, Auditor



NIPPON KAIJI KYOKAI



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 N.M. LUAN
(Signature of authorized official)

Place Ho Chi Minh, Vietnam



Date 14th May 2025

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 _____

