## FORM 2

## AMENDMENTS TO THE CONTINUOUS SYNOPSIS RECORD

<b>Amendment to Document Number:</b>	Ship IMO Number :	:

## NOTICE TO OWNERS, MANAGERS & SHIP MASTERS

If any item of information/particulars on CSR Form 1 requires to be amended, the amendment and ONLY the amendment must be made on this form, Form 2.

If there are no changes in any details enter "N/C".

Once completed, this form should be attached to the CSR document to which it refers and a signed copy sent to St Kitts & Nevis International Ship Registry by fax/email without delay.

When St. Kitts & Nevis International Ship Registry receives the amendment, a new CSR will be issued and dispatched to the Managers for the ship.

All pages of the old CSR must be retained behind the new CSR.

The "Index of Amendments" – Form 3 - should be completed with details of this amendment.

Please see our website (www.StKittsNevisRegistry.net) for further information about the St. Kitts & Nevis International Ship Registry procedure for issuing CSR's.

1	This document applies from (YYYY/MM/DD)	
2	Flag State	
3	Date of Registration with the State	
4	Name of Vessel	
5	Port of Registry	
6	Name of current registered owner(s) and their registered address(es)	
7	IMO registered owner identification number	
8	Name of current registered Bareboat Charter(s) and their registered address(es)	
9	Name of company (ISM), their registered address(es) and address of its Safety Management Activities	
10	IMO company identification number	
11	Name of classification society(ies) with which the ship is classed	
12	Administration/Government/Recognised Organisation which issued the Document of Compliance.  Body which carried out audit (if different)	
13	Administration/Government/Recognised Organisation which issued the Safety Management Certificate.  Body which carried out audit (if different)	
14	Administration/Government/Recognised Organisation which issued the International Ship Security Certificate. Body which carried out audit (if different)	
15	Date on which the ship ceased to be registered with the State as indicated in section 2	
16	Remarks (insert relevant information as appropriate)	

## THIS IS TO CERTIFY that this is correct in all respects

Issued by the Company or Master	
Date of Issue	
Signature of authorised person	
Name of authorised person	

FORM CODE:	ISSUE No:	REVISED:
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