



GOVERNMENT OF ANTIGUA AND BARBUDA
Department of Marine Services and Merchant Shipping
FORM 2

AMENDMENTS TO THE CONTINUOUS SYNOPSIS RECORD (CSR)

DOCUMENT NUMBER FOR THE SHIP WITH IMO NUMBER:

The amendments are shown in the table. Indicate N/C for all items not being changed. Dates should be in the format yyyy/mm/dd.

Information

1	This document applies from (date):	
2	Flag State	Antigua and Barbuda
3	Date of registration with the State indicated in 2:	
4	Name of ship:	
5	Port of registration:	St. John's
6	Name of current registered owner(s): Registered address(es):	
7	Registered Owner IMO identification number	
8	If applicable, name of current registered bareboat charter(s): Registered address(es):	
9	Name of Company (International Safety Management): Registered address(es): Address(es) of its safety management activities:	

10	IMO Company IMO identification number	
11	Name of all classification societies with which the ship is classed:	
12	Administration /Government/Recognized Organization which issued Document of Compliance: Body which carried out audit (if different):	
13	Administration/Government/Recognized Organization which issued Safety Management Certificate: Body which carried out audit (if different):	
14	Administration/Government/Recognized Security Organization which issued International Ship Security Certificate: Body which carried out verification (if different):	
15	Date on which the ship ceased to be registered with the State indicated in 2:	
16	Remarks	

This is to certify that this record is correct in all respects

Issued by the Company or master:

Date of issue:

Signature of authorized person:

Name of authorized person: