



DET NORSKE VERITAS

SAFETY MANAGEMENT CERTIFICATE

DNV Ship Id. No.:
24096
DNV Company No.:
129707
Certificate number:
D24096/041101F

Issued under the provisions of the INTERNATIONAL CONVENTION FOR THE SAFETY OF LIFE AT SEA, 1974, as amended

Issued under the authority of the Government of:

The Republic of Liberia

by Det Norske Veritas

• HANSA CALEDONIA" 4

Name of ship:

• ~~MAERSK MALAGA~~

Distinctive number or letters:

A8DP7

Port of Registry:

MONROVIA

Type of Ship*:

Other Cargo Ship

Gross Tonnage:

16915

IMO Number:

9152583

Name and address of the Company:
(as per ISM Code sec. 1.1.2)

Leonhardt & Blumberg Schiffahrtsgesellschaft mbH & Co KG
Neumühlen 13
D-22763 Hamburg
Germany

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.

The Safety Management Certificate is valid until **2009-08-14**, subject to periodical verification and the validity of the Document of Compliance remaining valid.

Issued at: Det Norske Veritas, Høvik, Norway

Date of issue: 2004-11-01



* Name updated
2007-10-15

BM

Erik Bråten
Head of Section

* Insert the standard IMO ship type.

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OK

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**ENDORSEMENT FOR PERIODICAL VERIFICATION AND ADDITIONAL VERIFICATION
(IF REQUIRED)**

THIS IS TO CERTIFY THAT, at the periodical verification in accordance with regulation IX/8.1 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.

Intermediate Audit range: 060814 to 070814
(yyymmdd) (yyymmdd)

Intermediate Verification
(To be completed between the second and third anniversary dates)



Signed [Signature] (GEACU DAN)
Place CONSTANTLA - ROMANIA
Date 2007-06-26

Additional Verification* Signed _____
Place _____
Date _____

Additional Verification* Signed _____
Place _____
Date _____

Additional Verification* Signed _____
Place _____
Date _____

*If applicable. Reference is made to the relevant provisions of section 3.2 "Initial Verification" of the Revised Guidelines on Implementation of the International Safety Management (ISM) Code by Administrations adopted by the Organization by resolution A.913(22).

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