





SAFETY MANAGEMENT CERTIFICATE

REPUBLIC OF LIBERIA

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 Liberia by NIPPON KAIJI KYOKAI

Name of ship:

PELICAN

Distinctive number or letters:

15481

Port of registry:

Monrovia

Type of ship*:

Other cargo ship

Gross tonnage:

16770

IMO Number:

IMO 9626560

Name and address

XT MANAGEMENT LTD

of the Company:

9 ANDRE SAHAROV Street, P.O.B.15090, MATAM

Haifa 31905, Israel

Company identification number:

IMO 1960855

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.

This Safety Management Certificate is valid until 3rd September 2023 , subject to periodical verification and the Document of Compliance remaining valid.

Completion date of the verification on which this certificate is based: 2nd July 2018

Issued at Bangkok

Date of issue 2nd July 2018

Anniversary Date: 3rd September



PRAYUDH T., Auditor

NIPPON KAIJI KYOKAI

^{*} Insert the type of ship from among the following: 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.

ENDORSEMENT FOR PERIODICAL VERIFICATION AND ADDITIONAL VERIFICATIONS (IF REQUIRED)

THIS IS TO CERTIFY THAT, at the periodical verification in accordance with regulation IX/6.1 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.

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Additional Verification Signed: (Signature of authorized office	cial)
Place :	
Date :	
Additional Verification Signed: (Signature of authorized office	cial)
Place :	
Date :	
Additional Verification Signed:(Signature of authorized office	cial)
Place :	
Date :	

ENDORSEMENT WHERE THE RENEWAL VERIFICATION HAS BEEN COMPLETED AND PART B 13.13 OF THE ISM CODE APPLIES

alid until	
Signed:	(Signature of authorized official)
	(Signature of authorized official)
Place:	
Date:	
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