

THE REPUBLIC OF LIBERIA LIBERIA MARITIME AUTHORITY

INTERNATIONAL SHIP SECURITY CERTIFICATE

Issued under the provisions of the INTERNATIONAL CODE FOR THE SECURITY OF SHIPS AND PORT FACILITIES

(ISPS Code)

under the authority of the Government of

The Republic of Liberia

by the Office of the Deputy Commissioner, Liberia Maritime Authority

Name of ship YM CONTINENT

Distinctive number or letters D5WQ7

Port of registry MONROVIA, LIBERIA

Type of ship Other cargo ship

Gross Tonnage 32,720

IMO Number 9864514

Name and address of Company Yang Ming (Singapore) Pte. Ltd.

171 Chin Swee Road #08-01, CES Centre Singapore, 169877 SINGAPORE

Company identification Number 6241591

THIS IS TO CERTIFY:

- 1. that the security system and any associated security equipment of the ship has been verified in accordance with section 19.1 of part A of the ISPS code.
- 2. that the verification showed that the security system and any associated security equipment of the ship is in all respects satisfactory and that the ship complies with the applicable requirements of Chapter XI-2 of the Convention and part A of the ISPS code.
- 3. that the ship is provided with an approved ship security plan.

Date of initial/renewal verification on which this certificate is based **June 30, 2022** This Certificate is valid until **June 29, 2027** subject to verifications in accordance with section 19.1.1 of part A of the ISPS Code.

Issued At: Dulles, Virginia USA

Date of reissue: September 25, 2023





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Margaret Ansumana Senior Deputy Commissioner of Maritime Affairs Republic of Liberia

ENDORSEMENT FOR INTERMEDIATE VERIFICATION

THIS IS TO CERTIFY that at an intermediate verification required by section 19.1.1 of part A of the ISPS Code the ship was found to comply with the relevant provision of Chapter XI-2 of the Convention and part A of the ISPS Code.

INTERMEDIATE VERIFICATION	Signed:
(to be completed between the second and third anniversary date)	(Signature of authorized official) Place :
	Date:
ADDITIONAL VERIFICATION	Signed: (Signature of authorized official)
	Place:
ADDITIONAL MEDICICATION	Date:
ADDITIONAL VERIFICATION	Signed: (Signature of authorized official)
	Place : Date :
ADDITIONAL VERIFICATION	Signed:
	(Signature of authorized official) Place:
	Date :