

DOCUMENT OF COMPLIANCE

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

Kingdom of Saudi Arabia

(name of state)

by the **AMERICAN BUREAU OF SHIPPING**

Name and address of the Company: JANA MARINE SERVICES CO. LLC.
(see paragraph 1.1.2 of the ISM Code)

7th FLOOR, ADEER TOWER (BUILDING 7323) PRINCE TURKEY STREET,
AL-KHUBAR

34413 Kingdom of Saudi Arabia

Company identification number: 5794981

THIS IS TO CERTIFY THAT the Safety Management System of the Company 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) for the types of ships listed below (delete as appropriate):

~~Passenger Ship~~

Other Cargo Ship: Offshore Supply / Support Vessel

~~Passenger high Speed Craft~~~~Cargo High Speed Craft~~~~Bulk Carrier~~~~Oil Tanker~~~~Chemical Tanker~~~~Gas Carrier~~~~Mobile Offshore Drilling Unit~~

This Document of Compliance is valid until 03 May 2025, subject to periodical verification.

Completion date of the verification on which this certificate is based: 03 September 2020

Issued at: Dammam, Kingdom of Saudi Arabia
(place of issue of the document)

Date of Issue: 17 August 2022



Electronically Signed By
Anwar, Syed, Dammam Port LTD
(Signature of the duly authorized official issuing the certificate)

ENDORSEMENT FOR ANNUAL VERIFICATION

THIS IS TO CERTIFY THAT at the periodical verification in accordance with regulation IX/6.1 of the Convention and paragraph 13.4 of the ISM Code, the Safety Management System was found to comply with the requirements of the ISM Code.

1st ANNUAL VERIFICATION

Signed:

Place:

Date:

REQUIRED AUDITS PREVIOUSLY CARRIED OUT



2nd ANNUAL VERIFICATION

Signed:

Place:

Date:

SYED ANWAR
(Signature of authorized official)

Dammam, Saudi Arabia

17 August 2022

3rd ANNUAL VERIFICATION

Signed:

Place:

Date:

(Signature of authorized official)

4th ANNUAL VERIFICATION

Signed:

Place:

Date:

(Signature of authorized official)

