

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

Republic of Singapore

(name of state)

by the **AMERICAN BUREAU OF SHIPPING**

Name and address of the Company: WAN HAI LINES (SINGAPORE) PTE LTD
(see paragraph 1.1.2 of the ISM Code)

79 ANSON ROAD #10-01

079906 Singapore

Company identification number: 1724178

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: (Container Carrier)
- ~~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 30 June 2028, subject to periodical verification.

Completion date of the verification on which this certificate is based: 07 June 2023

Issued at: Singapore
(place of issue of the document)

Date of Issue: 07 June 2023



Electronically Signed By
Kuan, Yeh Ching, Singapore Port
(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.

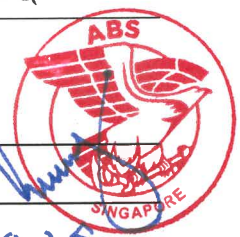
1st ANNUAL VERIFICATION

Signed: LIN ZAW
(Signature of authorized official)
Place: SINGAPORE
Date: 11-September-2024



2nd ANNUAL VERIFICATION

Signed: AUNG KHINE
(Signature of authorized official)
Place: SINGAPORE
Date: 03 SEPTEMBER 2025



3rd ANNUAL VERIFICATION

Signed: _____
(Signature of authorized official)
Place: _____
Date: _____

4th ANNUAL VERIFICATION

Signed: _____
(Signature of authorized official)
Place: _____
Date: _____

