



CONTINUOUS SYNOPSIS RECORD

FORM 2

**for request to update existing CSR*

SHIP NAME _____ IMO No. _____

LAST CSR (DOCUMENT NO. _____)

	Item	Information for updating	Chk
1	Date of change occurred (the earliest change)	(yyyy/mm/dd)	<input type="checkbox"/>
2	Re-registration Date	NA <input type="checkbox"/> mark if not applicable (yyyy/mm/dd)	<input type="checkbox"/>
3	Ship name	<input type="checkbox"/> No change/ <input type="checkbox"/> changed to:	<input type="checkbox"/>
4	Registered owner(s) : Owner Registered address :	<input type="checkbox"/> No change/ <input type="checkbox"/> changed to:	<input type="checkbox"/>
5	Registered owner identification number	<input type="checkbox"/> No change/ <input type="checkbox"/> changed to:	<input type="checkbox"/>
6	<i>*for Demise Registration only</i> Registered demise charterer : Charterer Registered address :	<input type="checkbox"/> No change/ <input type="checkbox"/> changed to:	<input type="checkbox"/>
7	International Safety Management company : Management company Registered address : Address of its safety management activities :	<input type="checkbox"/> No change/ <input type="checkbox"/> changed to: <i>*Copy ISM Declaration if update is required</i>	<input type="checkbox"/>
8	Management Company identification number	<input type="checkbox"/> No change/ <input type="checkbox"/> changed to:	<input type="checkbox"/>
9	Classification society with which the ship is classed :	<input type="checkbox"/> No change/ <input type="checkbox"/> changed to: <i>*Copy Class Certificate if update is required</i>	<input type="checkbox"/>
10	Recognized Organization/ Administration which issued Document of Compliance : Body which carried out audit (if different) :	<input type="checkbox"/> No change/ <input type="checkbox"/> changed to: <i>*Copy DOC Declaration if update is required</i>	<input type="checkbox"/>
11	Recognized Organization/ Administration which issued Safety Management Certificate : Body which carried out audit (if different) :	<input type="checkbox"/> No change/ <input type="checkbox"/> changed to: <i>*Copy SMC Declaration if update is required</i>	<input type="checkbox"/>
12	Recognized Security Organization/ Administration which issued International Ship Security Certificate : Body which carried out verification (if different) :	<input type="checkbox"/> No change/ <input type="checkbox"/> changed to: <i>*Copy ISSC Declaration if update is required</i>	<input type="checkbox"/>

I confirm the above change(s) has been occurred

(Date) (Name) (Signature)

(Tel) (Fax) (Email)

Please mark for and on behalf of Ship Owner Ship Master Ship Manage

----- *for Shipping Registry use* -----

Form rejected _____ Form accepted _____ Approved by : _____

Flag-in from _____ Portfolio rcvd _____ Issued by : _____

30 days _____ 60 days _____ 90 days _____ Collected by : _____

Notes for “Form 2” 注意事項：

- N1. This form is applicable for a ship registered in Hong Kong and is used for the Company (as defined in SOLAS regulation IX/1) or the master of the ship to apply for an updated CSR document whenever there are any change(s) **occurred** related to the entries in the latest CSR document.
本表格適用於已經在香港註冊的船舶。每當船上最新的一張「連續概要紀錄」內的資料**發生了更改後**，{國際海上人命安全公約}第 IX/1 條規定的公司或船長應須填寫此表格以便向本處申請發出更新的「連續概要紀錄」。
- N2. The date entered in the item 1 should be the **date the change occurred**.
表格的第一項內應填寫資料**已更改的日期**。
- N3. Please submit copy of the completed form together and the (*) necessary documents to :
請將填妥的表格及 (*) 所需文件的副本遞交至：
- E-mail 電郵 : csr@mardep.gov.hk
 - Fax 傳真 : (852) 2541 8842
 - Postal 郵寄 : Hong Kong Shipping Registry, 3/F Harbour Building, 38 Pier Road, Central, Hong Kong.
香港 中環 統一碼頭道 38 號 海港政府大樓 302 室 香港船舶註冊處。

Enquiry Telephone No./查詢電話 : +852 2852 3068.

----- End (完) -----