

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 LOG-IN DISCOVERY

Distinctive number or letters 5LAA7

Port of registry MONROVIA, LIBERIA

Type of ship Other cargo ship

Gross Tonnage 26,374

IMO Number 9506394

Name and address of Company Fleet Management Limited

27th Floor, South Island Place 8 Wong Chuk Hang Road

Hong Kong HONG KONG

Company identification Number 1601573

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 **July 11, 2021** This Certificate is valid until **July 10, 2026** subject to verifications in accordance with section 19.1.1 of part A of the ISPS Code.

Issued At : Santos, Brazil
Date of issue : July 11, 2021





Musumana

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 : |