

# SAFETY MANAGEMENT CERTIFICATE

Certificate No:  
**nN2508740-III**  
DNV Id No:  
**34372**  
Date of issue:  
**2023-01-12**

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

## THE HONG KONG SPECIAL ADMINISTRATIVE REGION OF THE PEOPLE'S REPUBLIC OF CHINA

by DNV

### Particulars of ship

Name of Ship:	<b>SEASPAN BENEFACTOR</b>
Distinctive Number or Letters:	<b>HK-4524</b>
Port of Registry:	<b>HONG KONG</b>
Type of Ship <sup>1</sup> :	<b>Other cargo ship</b>
Gross Tonnage:	<b>113042</b>
IMO Number:	<b>9739666</b>

### Particulars of Company<sup>2</sup>

Company Name:	<b>Seaspan Ship Management Ltd.</b>
Company Address:	<b>2600-200 Granville Street VANCOUVER BC V6C 1S4 CANADA</b>
Company Identification Number:	<b>5001170</b>

### This is to certify:

That the safety management system of the ship 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), following verification that the Document of Compliance for the Company is applicable to this type of ship.

This Safety Management Certificate is valid until **2026-08-15**, subject to periodical verification and the validity of the Document of Compliance remaining valid.

Completion date of audit on which this Certificate is based: **2021-06-28**

Issued at **Zhoushan, China** on **2023-01-12**



for DNV

*This document is signed electronically in accordance with IMO  
FAL.5/Circ.39/Rev.2. Validation and authentication can be obtained from  
trust.dnv.com by using the Unique Tracking Number (UTN):  
nN2508740-III and ID: 34372*

**Zhi Wei Barry Chi**

LEGAL DISCLAIMER: Unless otherwise stated in the applicable contract with the holder of this document, or following from mandatory law, the liability of DNV AS, its parent companies and their subsidiaries as well as their officers, directors and employees ("DNV") arising from or in connection with the services rendered for the purpose of the issuance of this document or reliance thereon, whether in contract or in tort (including negligence), shall be limited to direct losses and under any circumstance be limited to 300,000 USD.

<sup>1</sup> Insert the standard IMO ship type.

<sup>2</sup> See paragraph 1.1.2 of the ISM Code.





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**Endorsement for intermediate verification**

S

THIS IS TO CERTIFY:

that at the periodical verification in accordance with regulation IX/6.1 of the Convention and paragraph 13.8 of the ISM Code, the safety management system was found to comply with the requirements of the ISM Code.

Intermediate Verification  
(to be completed between the second and third anniversary date)

Place: ..... Date: .....

Signature: .....

Stamp

Auditor, DNV

**Additional verification (if required)**

AV

Additional verification\*: Place: ..... Date: .....

Signature: .....

Stamp

Auditor, DNV

Additional verification\*: Place: ..... Date: .....

Signature: .....

Stamp

Auditor, DNV

Additional verification\*: Place: ..... Date: .....

Signature: .....

Stamp

Auditor, DNV

\* If applicable. Reference is made to the relevant provisions of section 4.3 Initial Verification of the Revised Guidelines on the implementation of the International Safety Management (ISM) Code by Administrations (resolution A.1118(30)).

**Endorsement where the renewal verification has been completed and part B 13.13 of the ISM Code applies**

ERC

The ship complies with the relevant provisions of part B of the ISM Code, and the Certificate should, in accordance with part B 13.13 of the ISM Code, be accepted as valid until .....

Place: ..... Date: .....

Signature: .....

Stamp

Auditor, DNV



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**Endorsement to extend the validity of the Certificate until reaching the port of verification where part B 13.12 of the ISM code applies or for a period of grace where part B 13.14 of the ISM code applies**

*EEV*

This Certificate should, in accordance with part B 13.12 or part B 13.14 of the ISM Code, be accepted as valid until .....

Place: ..... Date: .....

Signature: .....

Stamp

Auditor, DNV