

**DOCUMENT OF COMPLIANCE**

Certificate No:  
**n1494159-jwi**  
DNV GL Id No:  
**187620**  
Date of issue:  
**2020-09-24**

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 REPUBLIC OF PANAMA**

by **DNV GL**

**Particulars of Company <sup>1</sup>**

Company Name:	<b>Danaos Shipping Co. Ltd.</b>
Company Address:	<b>14, Akti Kondyli Street 18545 Piraeus GREECE</b>
Company Identification Number:	<b>0022438</b>

**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:

**Other cargo ship**

This Document of Compliance is valid until: **2025-09-28**, subject to periodical verification.

Completion date of audit on which this Certificate is based: **2020-09-24**

Issued at **Piraeus, Greece** on **2020-09-24**



for **DNV GL**

*This document is signed electronically in accordance with IMO  
FAL.5/Circ.39/Rev.2. Validation and authentication can be  
obtained from [trust.dnvgl.com](http://trust.dnvgl.com) by using the Unique Tracking  
Number (UTN): n1494159-jwi and ID: 187620*

**George Provatas**  
**Auditor**

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<sup>1</sup> See paragraph 1.1.2 of the ISM Code.



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**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.

Anniversary date is

**28 Sep**

Range:

**28 Jun to 28 Dec**

\*Renewal range is three (3) months prior to DOC expiration

1st Annual Verification Place: ..... Date: .....

Signature: .....

Stamp

2nd Annual Verification Place: ..... Date: .....

Signature: .....

Stamp

3rd Annual Verification Place: ..... Date: .....

Signature: .....

Stamp

4th Annual Verification Place: ..... Date: .....

Signature: .....

Stamp