DNV·GL

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Certificate No. 116593/73/2014

SAFETY MANAGEMENT CERTIFICATE

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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 THE MARSHALL ISLANDS

by DNV GL

Name of Ship	Distinctive Number or Letters	Port of Registry	Gross Tonnage	IMO Number
BALSA	5224	Majuro	26412	9603611

Name and address of the Company (see paragraph 1.1.2 of the ISM Code)	Company identification number	Type of Ship *
Klaveness Ship Management AS Drammensveien 260, 0283 OSLO / NORWAY	5602215	Other cargo ship

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 23rd February, 2019, subject to periodical verification and the Document of Compliance remaining valid.

Completion date of the verification on which this certificate is based: 24th February, 2014

Issued at Hamburg the 14th day of March, 2014

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* Insert the type of ship from: Passenger ship, passenger high-speed craft, cargo high-speed craft, bulk carrier, oil tanker, chemical tanker, gas carrier, mobile offshore drilling unit, other cargo ship.

Endorsement for periodical verification and additional verification (if required)

Range for the intermediate verification:

24th February, 2016 to 23rd February, 2017

The intermediate verification is to be completed between the second and the third anniversary date.

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.

1.B. SITTICLENCIA Signed: Intermediate verification GL Representative Place: 2016,10,29 Date: Additional verification Signed: DNV GL Representative Place: Date: Additional verification Signed: **DNV GL Representative** Place: Date: Additional verification Signed: **DNV GL Representative** Place: Date:

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