

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 ONE INTEGRITY

Distinctive number or letters 5LLG5

Port of registry MONROVIA, LIBERIA

Type of ship Other cargo ship

Gross Tonnage 235,311

IMO Number 9933119

Name and address of Company SHOEI KISEN KAISHA, LTD.

1-4-52, Kouracho,

Imabari, Ehime Prefecture, 799-2111

JAPAN

Company identification Number 0283610

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 **December 16, 2023** This Certificate is valid until **December 15, 2028** subject to verifications in accordance with section 19.1.1 of part A of the ISPS Code.

Issued At: Hamburg, Germany

Date of issue: December 16, 2023





Mosmana

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 VERIFICATION	Date:
	(Signature of authorized official) Place :
	Date:
ADDITIONAL VERIFICATION	Signed :(Signature of authorized official)
	Place : Date :
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