



THE REPUBLIC OF SINGAPORE

CERTIFICATE No: 170277

DOCUMENT OF COMPLIANCE

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 SINGAPORE

by the AMERICAN BUREAU OF SHIPPING

Name and address of the Company: NEPTUNE SHIPMANAGEMENT SERVICES PTE LTD
456 ALEXANDRA ROAD
#07-00 NOL BUILDING
SINGAPORE 119962
(see paragraph 1.1.2 of the ISM Code)

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 (delete as appropriate):

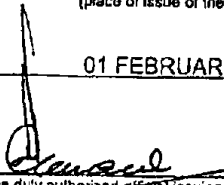
Passenger-Ship
Passenger-High-Speed-Craft
Cargo-High-Speed-Craft
Bulk-Carrier
Oil-Tanker
Chemical-Tanker
Gas-Carrier
Mobile-Offshore-Drilling-Unit
Other Cargo Ship (Container Carrier)

This Document of Compliance is valid until 19 DECEMBER 2009, subject to periodical verification.

Completion date of the audit on which this certificate is based: 15 DECEMBER 2004
(dd/mm/yyyy)

Issued at: SINGAPORE
(place of issue of the document)

Date of Issue: 01 FEBRUARY 2005


(Signature of the duly authorized official issuing the certificate)
CAPT HEMANT JUNEJA

ENDORSEMENT FOR ANNUAL VERIFICATION

THIS IS TO CERTIFY THAT, at the periodical verification in accordance with regulation XI.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.



1st ANNUAL VERIFICATION

Signed: _____
(Signature of authorized official)

EUGENE LOW

Place: _____

SINGAPORE

Date: _____

02 MARCH 2006



2nd ANNUAL VERIFICATION

Signed: _____
(Signature of authorized official)

EUGENE LOW

Place: _____

SINGAPORE

Date: _____

27 FEBRUARY 2007

3rd ANNUAL VERIFICATION

Signed: _____
(Signature of authorized official)

Place: _____

Date: _____

4th ANNUAL VERIFICATION

Signed: _____
(Signature of authorized official)

Place: _____

Date: _____