**INTERNATIONAL SHIP REGISTRY OF GABON**

**COMMISSIONAIRE OF MARITIME AFFAIRS**

**INTERSHIPPING SERVICES LLC.**

**AL SHORAFA TOWER 2 OFFICE NO 1903, 19TH FLOOR,**

**SHEIKH RASHID BIN HUMAID AL NUAIMI STREET**

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**APPLICATION FOR APPROVAL OF PRIVATE MARITIME SECURITY COMPANIES**

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| 1. **PRIVATE MARITIME SECURITY CONTRACTOR (PMSC) CHECK LIST**
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| **Name of the Owner Company:** |       |
| **Company Address:** |       | **Telephone:** |       |
| **City:** |       | **Email:** |       |
| **Country:** |       | **Alternate Email:** |       |
| **Post/Zip Code:** |       | **Fax:** |       |

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| 1. **ADDITIONAL INFORMATION**
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| **Country where the company is registered:** |
|       |
| **Authorized Representative:** |
|       |
| **Person Responsible for the Company:** |
|       |
| **Evidence supplied of Company turnover in armed security personnel:** |
|       |

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| 1. **ISO COMPANY DETAILS**
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| **ISM COMPANY DETAILS** |
| **Name of company issuing the ISO Certification:** |  |
| **Address:** |  |
| **Date of Issuance:** |  |
| **Date of Expiration:** |  |
| **Date of last Annual Audit:** |  |

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| 1. **SUPPORTING DOCUMENTATION**
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| **The information to be included in the application and the documents which are evidence of the information which needs to be submitted with the application are as follows:**  | **Reason provided if not applicable** |
| 1. Certificate of incorporation or registration as a body corporate or partnership
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Certificate of the address of the registered office of the legal person
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Certificate of shareholders or partners of the legal person
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. The name, surname, nationality, identity card or passport or travel document number, work telephone number, usual residence address and curriculum vitae of the directors (or partners, in case of partnership), the secretary and of the manager(s) of the legal person
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. The name, surname, nationality, identity card or passport or travel document number, work telephone number, usual residence address and curriculum vitae of the natural person responsible as the legal person for purposes of the Law
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. The address of the office(s) from where the legal the telephone and e-mail address, including those applicable outside office business hours
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. The PMSC has access to competent maritime legal advice (e.g. in-house counsel/ external legal advisors) on a 24/7 basis. Provide details
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Confirm understanding of Flag State, Port Sate and Coastal State requirements with respect to carriage and usage of firearms
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Confirm understanding of Best Management Practice (BMP) and ship protection measures
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Copy of valid Quality Assurance Certificate ISO 28007:2015
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Code of Conduct and/ or a Code of Business Ethics
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Procedures for ensuring clear Criminal Background of the hired personnel providing the security onboard the vessels
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Procedures/proof for ensuring that the security personnel hired, is not included in the list of terrorists of the United Nations Security Council
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Procedures confirming that firearms are procured, transported, embarked and disembarked legally
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Confirm with documentary evidence that firearms are procured (not hired), transported, embarked and disembarked legally
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. The following types of firearms shall not be permitted to be brought on board:
* Handguns or Pistols
* Machine Guns or Fully Automatic Weapons
* Rocket-Propelled Grenades (RPGs)
* Shotguns
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Confirm that the number of firearms allowable shall be three (3) per each embarked guard; one (1) for primary operational use and two (2) for standby reserve
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Confirm that the maximum amount of ammunition allowed shall not exceed an aggregate total of 250 rounds per firearm
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Insurance Policy designated to cover the Liabilities of the International Security Company; (covering third party risks):
* Public and employer's liability insurance cover to a level no less than US$5 Million
* Personal accident, medical expenses, hospitalisation, and repatriation of employee's insurance.
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |

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| 1. **RESTRICTIONS**
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| A certificate shall not be issued to a private ship security company which is owned or controlled by a natural or legal person, or is connected in any way with, or has as a shareholder or partner or executive officer or director or secretary, a natural or legal person, or who employs a person:1. Against which there are sanctions under provisions of resolutions adopted by the United Nations Security Council under Chapter VIl of the Charter of the United Nations or by its committees or subcommittees, or by an institution of the European Union based on the provisions of Community law; or by resolutions adopted.
2. Has been convicted, or against whom an arrest warrant or a case is pending, before the International Criminal Court or another international tribunal established under the provisions of the Charter of the United Nations; or which has been sentenced by a court or has an arrest warrant for any of the offences including homicide, rape, premeditated murder or attempted murder; arson or attempt to destroy property using explosives; unlawful possession of, or possession with intent to supply, controlled drugs or psychotropic substances robbery, burglary, theft, property claim with threats or kidnapping, malicious damage or incest; trafficking of adult persons, child trafficking, trafficking and exploitation of human organs, exploitation at work, sexual exploitation of adult persons, sexual exploitation of children and child pornography; an offence which involves dishonestly or moral turpitude.
3. Has been dismissed by the Public or Educational Service or the Police or the Army of any State or by a public corporate body, for a disciplinary offence which involves dishonesty or moral turpitude.
4. Who holds a position in the Public or Educational Service of any State or in the Police or the Army of the Republic of another State or is employed by a public corporate body.
5. Which is a user of any narcotic drugs or other psychotropic substances.
6. Who suffers from mental illness, which, in the opinion of the Competent Authority, may prevent him from performing his duties.
7. Which, or for which, the Competent Authority has reasons to believe that he has committed an illegal act, or has been involved, or has been provoking, or intentionally facilitate, in an illegal act, or is involved or associated with persons who have committed an illegal act.
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| 1. **ADDITIONAL INFORMATION REQUIRED TO PROCESS THE APPLICATION**
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| **Recommended to attach evidence whenever possible for the following:** | **Attached** |
| Does the Company have Control procedures for separate and secure onboard stowage and deployment of firearms ammunition and security equipment? | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| Does the Company have a firearms license in its home jurisdiction? | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| Does the Company have an applicable standard operating procedure (SOP)? | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| Does the Company have an applicable Rules of Use of Force (RUF) Policy/Procedure? | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| Does the Company have an applicable Rules of Engagement (ROE) Policy/Procedure? | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| End User Certificate evidence for all firearms. | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| Details of financial position (e.g. annual accounts /bank references). The PMSC appears to be financially secure and annual accounts/bank reference or a letter of good standing by PMSC's bank or financial institution are available to support claims of financial stability. | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| Provide written testimonials/ references from previous clients in the maritime industry. | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| Has the Company signed the International Code of Conduct (CoC) for Private Security Providers? | [ ]  Yes | [ ]  No | [ ]  N/A |       |

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| 1. **OFFICIAL DISCLOSURE AND UNDERSTANDING OF APPROVAL AUTHORIZATION**
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| **I, the undersigned hereby confirm the understanding that this application is for obtaining authorization for placing Private Maritime Security Personnel employed solely by** **on board Gabonese vessels. The approval authorisation will allow the PMSC to offer Private Maritime Security to shipowners that trade within areas where High Piracy occurs (or Hot Spots).****Once the services of the PMSC are contracted, a separate application for the placement the Private Maritime Security Personnel onboard shall be sent to International Ship Registry of Gabon for approval. Each vessel contracting PMSC shall have an authorisation in order to proceed with the placement of PMSC onboard.** |

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| 1. **DECLARATION**
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| **I do hereby swear and affirm, that I am duly authorised by the Article of incorporation as Director or in writing by a Power of Attorney by the Ship-Owner(s) of the vessel.**  |
| Name of the Owner/ Authorised Person: |       |
| Contact Details (Phone, Email, Address):  |       |
| Date: |       |
| Signature: |

**For the International Ships Registry of the Gabonese Republic**