

DOCUMENT OF COMPLIANCE

Certificate No:
n1326473-pen
DNV GL Id No:
10129022
Date of issue:
2019-07-23

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 MALTA

by **DNV GL**

Particulars of Company ¹

Company Name:	Pantheon Tankers Management Ltd.
Company Address:	354, Andrea Syngrou Avenue Kallithea 176 74 Athens GREECE
Company Identification Number:	5707428

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:

Oil tanker

This Document of Compliance is valid until: **2023-07-11**, subject to periodical verification.

Completion date of audit on which this Certificate is based: **2018-05-10**

Issued at **Athens, Greece** on **2019-07-23**



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 by using the Unique Tracking Number (UTN): **n1326473-pen** and ID: **10129022***

Athanasios Souflis
Auditor

¹ 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

11 Jul

Range:

11 Apr to 11 Oct

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

1st Annual Verification

Place: **Athens, Greece**

Date: **2019-07-23**



Signature: **Athanasios Souflis**

2nd Annual Verification

**354, Andrea Syngrou Avenue
Kallithea
176 74 Athens**

Place: **Greece**

Date: **2020-10-08**



Signature: **Athanasios Souflis**

3rd Annual Verification

Place:

Date:

Signature:

Stamp

4th Annual Verification

Place:

Date:

Signature:

Stamp