

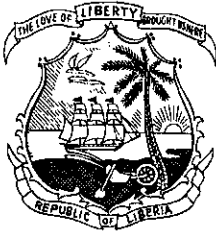
SAFETY MANAGEMENT CERTIFICATE**"F"**

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 LIBERIA

by GERMANISCHER LLOYD



Name of Ship	Distinctive Number or Letters	Port of Registry	Gross Tonnage	IMO Number
"HAMMONIA TOSCANA" GL CON-BUSAN GL	A8VR4	Monrovia	48338	9477385

Name and address of the Company (see paragraph 1.1.2 of the ISM Code)	Company identification number	Type of Ship *
HAMMONIA Reederei GmbH & Co. KG Elbchaussee 370, 22609 Hamburg / GERMANY	5059234	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.

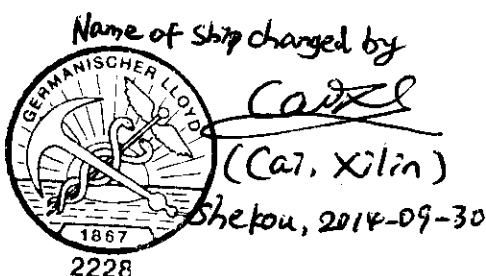
This Safety Management Certificate is valid until **31st December, 2018**, subject to periodical verification and the Document of Compliance remaining valid.

Completion date of the verification on which this certificate is based: **1st January, 2014**

Issued at **Hamburg** the **20th** day of **January, 2014**



Germanischer Lloyd



[Signature]
Ingo Haverkamp

[Signature]
Fred Geyer

* 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: 1st January, 2016 to 31st December, 2016

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.

Intermediate verification

Signed:

GL Representative

Place: _____

Date: _____

Additional verification

Signed:

GL Representative

Place: _____

Date: _____

Additional verification

Signed:

GL Representative

Place: _____

Date: _____

Additional verification

Signed:

GL Representative

Place: _____

Date: _____