Name of ship:

Port of registry:

IMONumber:

Name of Port Facility:

This Declaration of Security is valid from ………. until ………. for the following activities:

*(list the activities with relevant details)*

Under the following security levels:

**Security level(s) for the ship:**

**Security level(s) for the Port Facility:**

The Port Facility and ship agree to the following security measures and responsibilities to ensure compliance with the requirements of Part A of the International Code for the Security of Ships and of Port Facilities.

|  |
| --- |
| The affixing of the initials of the PFSO or the SSO under these columns indicates that the activity will be done, in accordance with the relevant approved plan, by the port facility or the ship |
| **Activity** | **The Port Facility** | **The ship** |
| Ensuring the performance of all security duties |  |  |
| Monitoring restricted areas to ensure that only authorised personnel have access |  |  |
| Controlling access to the Port Facility |  |  |
| Controlling access to the ship |  |  |
| Monitoring of the Port Facility, including berthing areas and areas surrounding the ship |  |  |
| Monitoring of the ship, including berthing areas and areas surrounding the ship |  |  |
| Handling of cargo |  |  |
| Delivery of ships stores |  |  |
| Handling unaccompanied baggage |  |  |
| Controlling the embarkation of persons and their effects |  |  |
| Ensuring that security communication is readily available between the ship and the Port Facility |  |  |

The signatories to this agreement certify that security measures and arrangements for both the Port Facility and ship during the specified activities meet the provisions of chapter XI-2 and A of the ISPS Code that will be implemented in accordance with the provisions already stipulated in their approved plan or the specific arrangements agreed to and set out in the attached annex.

Dated at………………………………… on the …………………………………….

|  |
| --- |
| Signed for and on behalf of |
| The Port Facility:*(Signature of PFSO)* | The ship:*(Signature of Master or SSO)* |
| Name and title of person who signed |
| Name:  | Name:  |
| Title:  | Title:  |
| **Contact details***(To be completed as appropriate. Indicate telephone numbers, radio channels or frequencies to be used)* |
| **For the Port Facility:** | **For the Ship:** |
| Port Facility |  | Master |  |
| PFSO |  | SSO |  |
|  |  | Company |  |
|  |  | CSO |  |