



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 Kingdom of Denmark

by DANISH MARITIME AUTHORITY

(person or organisation authorised)

Name and address of the Company: Royal Arctic Line A/S

> Oegertanut 46 3905 Nuussuag Grønland

Company identification number: 17463497

(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:

> Passenger ship Other cargo ship

This Document of Compliance is valid until, 22-08-2027 subject to periodical verification. 11-08-2022

Completion date of the verification on which this certificate is based:

(dd-mm-yyyy)

Issued at:

Nuuk Place of issue of certificate Michael Lantz

Signature of the duly authorized official issuing the document

Date:

12-08-2022 Date of issue

DANISH MARITIME AUTHORITY Seal or stamp of issuing authority, as appropriate



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.

1st annual verification

| | Signed: | |
|-------------------------|----------|------------------------------------|
| | <u> </u> | (Signature of authorised official) |
| | Place: | |
| | Date: | |
| 2nd annual verification | | |
| | Signed: | (Signature of authorised official) |
| | | |
| | Place: | |
| | Date: | |
| 3rd annual verification | | |
| | Signed: | (Signature of authorised official) |
| | | (Signature of authorised official) |
| | Place: | |
| | Date: | |
| 4th annual verification | | |
| | Signed: | (Signature of authorised official) |
| | | (Signature of authorised official) |
| | Place: | |
| | Date: | |