

CERTIFIED TRUE COPY

SAFETY MANAGEMENT CERTIFICATE

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 PORTUGUESE REPUBLIC

by DNV GL

Name of Ship	Distinctive Number or Letters	Port of Registry	Gross Tonnage	IMO Number
MOL GATEWAY	CQHN	Madeira	59307	9535137

Name and address of the Company (see paragraph 1.1.2 of the ISM Code)	Company identification number	Type of Ship *
Peter Döhle Schiffahrts-KG Elbchausee 370, 22609 Hamburg / GERMANY	0030163	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 **11th September, 2019**, subject to periodical verification and the Document of Compliance remaining valid.

Completion date of the verification on which this certificate is based: **12th September, 2014**

Issued at **Hamburg** the **4th** day of **November, 2014**



[Signature]
 Jasmin Denhoorn

[Signature]
 Hubert Frik

* 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: 12th September, 2016 to 11th September, 2017

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:

DNV GL Representative

Place:

Date:

Additional verification

Signed:

DNV GL Representative

Place:

Date:

Additional verification

Signed:

DNV GL Representative

Place:

Date:

Additional verification

Signed:

DNV GL Representative

Place:

Date: