

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 BERMUDA Department of Maritime Administration

Name of the Ship	POWER
Official Number	727397
Port of Registry	HAMILTON
Type of Ship	CONTAINER SHIP
Gross Tonnage	31570
IMO Number	8103406
Name and Address of Company *	ANGLO EASTERN SHIP MANAGEMENT LIMITED
	23/F, 248 QUEEN'S ROAD EAST WANCHAI
	HONG KONG
	Company IMO# 0522961

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.

Completion date of the audit or	which this certificate is	based	04 November 2006

This Safety Management Certificate is valid until ... 03 November 2011 , subject to periodical verification and the Document of Compliance remaining valid.

Date of issue ... 02 December 2008

(Signature of the littly authorized official issuing the certificate)

J.M.MCPARTLAND

ST-WIZTEWN

(Name,

Official

Stamp

ENDORSEMENT FOR INTERMEDIATE VERIFICATION AND ADDITIONAL VERIFICATION (IF REQUIRED)

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

(to be completed between the second and third anniversary date)



Signed: D D M 6-1 M (Signature of authorized official)
(Signature of authorized official)
Place: MONTMEDE CONNOT
Date: 2009-60-02

ADDITIONAL	VERIFICATION *
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		/
	Official)
	Stamp	
/		/

Signed:	
	(Signature of authorized official)
Place:	

ADDITIONAL VERIFICATION *

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Official	
Stamp	

	(Signature of authorized official)
Place:	
Date	

ADDITIONAL VERIFICATION *



Signed: (Signature of authorized official)	
Place:	
Date:	