

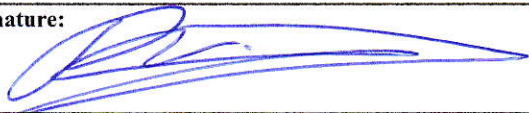
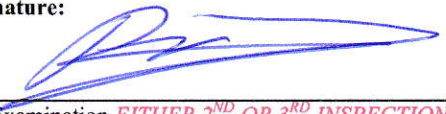


Record of Periodic Inspections

Name of Vessel:

SOUND EXPRESS

Unique Registration Number:

S16WB0231506

| | | |
|---|---|---|
| 1 st Examination | | |
| Name: P.J. Verhoeff mcms | Date of Examination: 02-03-2018 | Tick as appropriate: <input checked="" type="checkbox"/> In Water Inspection |
| Signature:  | Location of Examination: Ijmuiden, NL | <input type="checkbox"/> Out of Water Inspection <input type="checkbox"/> Defect list Issued |
| 2nd Examination EITHER 2ND OR 3RD INSPECTION MUST BE CARRIED OUT WITH VESSEL OUT OF WATER | | |
| Name: P.J. Verhoeff mcms | Date of Examination: 26-03-2019 out of water 15-03-2019 | Tick as appropriate: <input checked="" type="checkbox"/> In Water Inspection |
| Signature:  | Location of Examination: Ijmuiden, NL | <input checked="" type="checkbox"/> Out of Water Inspection <input checked="" type="checkbox"/> Defect list Issued |
| 3rd Examination EITHER 2ND OR 3RD INSPECTION MUST BE CARRIED OUT WITH VESSEL OUT OF WATER | | |
| Name: M. Vos mcme | Date of Examination: 04-02-2020 | Tick as appropriate: <input checked="" type="checkbox"/> In Water Inspection |
| Signature:  | Location of Examination: Ijmuiden, NL | <input type="checkbox"/> Out of Water Inspection <input type="checkbox"/> Defect list Issued |
| 4 th Examination | | |
| Name: P.J. VERHOEFF mcms | Date of Examination: 21-01-21 | Tick as appropriate: <input checked="" type="checkbox"/> In Water Inspection |
| Signature:  | Location of Examination: Ijmuiden NL | <input type="checkbox"/> Out of Water Inspection <input type="checkbox"/> Defect list Issued |
| 5th Examination (Renewal Inspection) PART OF THIS INSPECTION MUST BE CARRIED OUT WITH THE VESSEL OUT OF WATER | | |
| On satisfactory completion of the Renewal Examination, the Certificate may be extended by a maximum of 3 months from the date of expiry noted on this Certificate pending the issue of a new Certificate. Application should be made in writing to the Certifying Authority in accordance with MCA OAN 352 after which a Certificate of Extension of Validity will be issued. | | |
| Name of Authorised Person: | Date of Examination: | |
| Signature: | Location of Examination: | |

A COPY OF THIS SHEET MUST BE KEPT ABOARD VESSEL AT ALL TIMES