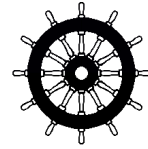




Nippon Kaiji Kyokai (Netherlands) B.V.



MarED NB 0849

## EC CERTIFICATE OF CONFORMITY

Certificate No:

*THIS IS TO CERTIFY* that, Nippon Kaiji Kyokai (Netherlands) B.V., designated by the Government of The Netherlands as Notified Body according to Council Directive 2014/90/EU on Marine Equipment as amended, did undertake the relevant EC product verification for the products identified below which were found to be in compliance with the (\*Life Saving Appliance/Marine Pollution Prevention/Fire Protection etc.) requirements of the Marine Equipment Directive (MED) 2014/90/EU as amended. (\*Delete as necessary in final certificate)

Manufacturer (Applicant):

Address:

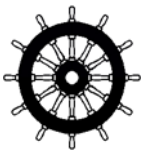
Item No.:

Item designation:

Product Type:

Specified Standards:

For identification, The Mark of Conformity and reference number were affixed as follows:



0849/XX Serial Numbers:

Attached page regarding product particulars, EC Type Examination Certificate, testing and inspection results are part of this EC Certificate of Conformity.

This Certificate is issued at Barendrecht on (*Date*) under the authority of the Government of The Netherlands by Nippon Kaiji Kyokai (Netherlands) B.V. Notified Body No. 0849.

- Note 1 This Certificate is not valid when presented without the Attachment consisting of (*Number*) page
- Note 2 Manufacturer is Holder of this Module F certificate
- Note 3 Manufacturer is indicated on the Attachment.
- Note 4 Manufacturer shall issue a Declaration of Conformity upon satisfactory completion of product verification
- Note 4 As amended means up to (*Number*)



Nippon Kaiji Kyokai  
4-7, Kioi-Cho, Chiyoda-Ku, Tokyo, Japan  
Sole shareholder of  
Nippon Kaiji Kyokai (Netherlands) B.V.  
1e Barendrechtseweg 48  
2992 XC, Barendrecht, The Netherlands

\_\_\_\_\_  
(*Name*)  
Director  
Nippon Kaiji Kyokai Netherlands (B.V.)

Approval Documentation:

EC Type Examination Certificate No.:

XXXX

Test Reports:

Report No.	Title of report or Description of tests	Date
XXXX	XXXX	XXXX

Manufacturer, Place of Production and Authorised Representative:

Manufacturer: XXXX  
XXXX

Place of Production: XXXX  
XXXX

Authorised Representative: XXXX  
(if applicable) XXXX

Product Particulars:

Product XXXX  
Type XXXX  
Serial Number XXXX  
(\*Other Particulars)

Testing and Inspection, Module F (Statistical Verification):

XXXX Good  
XXXX Good

\*Limitations for use/Note etc.:

XXXX

(\*Delete as necessary)

End

