To: NIPPON KAIJI KYOKAI ______________ Office (Fax. No.___________)
Attn.: _______________________ (Auditor)

<table>
<thead>
<tr>
<th>Company’s Name:</th>
<th>ID No.</th>
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<tbody>
<tr>
<td>Ship’s Name:</td>
<td>SSO:</td>
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**Corrective Action Plan for NC* / DNC***

* Delete as appropriate

Date: ______________________
Company Security Officer: ______________________

I hereby submit corrective action plan for the Non-conformity or the downgraded Non-conformity, specified by the above Record No., to implement the necessary corrective action as follows;

*Please itemize actions to be taken together with scheduled date of each action.*

**Description of NC or DNC:**

**Identification of Root Cause of NC or DNC:**

**Rectification of NC or DNC:**

**Schedule of Audit for confirmation of rectification :** by _____/________/_______

* Delete as appropriate.

**Notes:**
- CAP shall be prepared for each NC, using this form.
- This sheet shall be submitted from CSO to the Auditor by __/___/______. (within two (2) weeks)
- In case where NC could not be rectified before departure, an audit for confirmation of rectification shall be applied by the agreed due date between CSO/SSO and the Auditor.
  ISSC shall not be issued until the rectification of NC is confirmed by an Auditor to NK.

**Receipt of Corrective Action Plan** (This column is to be filled up by the Auditor in charge)

I duly receipt the Corrective Action Plan.

As the result of review, I would agree with the proposed plan.

Auditor in charge: ______________________

_________________________________