1. PERSONAL DATA						
First Name	Middle Nar	ne	Last Name/Surnar	ne		
SALAH	AHMED		SHEHATA			
Nationality	Date of Birt	th	Place of Birth			
EGYPTION	04/07/1	.977	ELBEHIRA			
Postition applied		t lower rank? Ye	es No	Available from:		
WELDER				07/05/2023		
Permanent Address:			Weight:	Height:		
City DACIJEED						
City: RASHEED Post Code: 22815 T	el: +2010 94 !	592552				
Nearest Airport: BORG ELARA						
Document		No.	Issued	Place		Valid Until
Passport: Country	A2	9968385	08/03/2022	EGYPT		07/03/2029
Seaman's Book (CDC): Nation	al S0	0010511	25/10/2020	EGYPT		10/10/2025
REPUBLIC OF PANAMA	PO	608763	07/08/2020	PANAMA		05/02/2025
REPUBLIC OF CYPRUS	СҮ	301982	02/04/2019	CYPRUS		01/04/2029
REPUBLIC OF MARCHAL ISLAI	ND M	H778570	22/04/2021	MARCHAL ISLAND		21/04/2026
C1/D visa:						
	Į.		1			
Name of Nominee for compe AHMED SHEHATA	nsation in ca	se of fatality	: MOHAMED	Relationship: B	ROTHER	
City: ELBEHIRA	ı	Post Code:			Tel:+20/	/+201064462022
Family Data:	'					
Relationship First Name	Last Name	Date of Birth	Passport No.	Issued	Place	Valid Until
Spouse						
Child M f						
Child M f						
Child M f						

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Indicate type of valid visa (1)	USA Canada	Brazil	UK	Others	
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2. CERTIFICATES/COURSES:

Highest Competency Certificate Held:

Issuing Authority:	Grade (1)	Certificate Number	Date Issued	Place Issued	Valid until
National (Country)					
Marshal Island					
Panamanian					
Bahamian					
Other					

(1) Specify whether: Deck Class 1= Master FG Engine Class 1= 1st CLASS (M), (S), (M+S) R/O Class 1

2= 1st Mate FG 2= 2nd CLASS (M), (S), (M+S) R/O Class 2

3= 2nd Mate FG 3 R/O RT only

4= NWKO 4

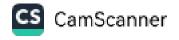
Other Certificates held and courses attended: Include Liberian Special Qualification

Certificate Number	Date Issued	Place Issued	Valid Until
NFF 1647	25/02/2020	EGYPT	31/01/2025
NFA 1885	25/02/2020		28/01/2025
NPST 1825	25/02/2020	EGYPT	20/02/2025
NPS 3949	17/03/2021		15/03/2026
XNA 3149	03/06/2023	EGYPT	24/05/2028
NC 906	20/08/2019	EGYPT	07/08/2024
0004623	15/05/2014	EGYPT	XXXX
00523	10/12/2019	EGYPT	07/08/2024
01680	08/05/2022	EGYPT	07/05/2024
	18/09/2016	EGYPT	ххххххх
	NFF 1647 NFA 1885 NPST 1825 NPS 3949 XNA 3149 NC 906 0004623 00523	NFF 1647 25/02/2020 NFA 1885 25/02/2020 NPST 1825 25/02/2020 NPS 3949 17/03/2021 XNA 3149 03/06/2023 NC 906 20/08/2019 0004623 15/05/2014 00523 10/12/2019 01680 08/05/2022	NFF 1647 25/02/2020 EGYPT NFA 1885 25/02/2020 EGYPT NPST 1825 25/02/2020 EGYPT NPS 3949 17/03/2021 EGYPT XNA 3149 03/06/2023 EGYPT NC 906 20/08/2019 EGYPT 0004623 15/05/2014 EGYPT 00523 10/12/2019 EGYPT 01680 08/05/2022 EGYPT

Course/Certificate	Number	Date Issued	Place Issued	Valid Until
Ship Simulator				
Restricted R/T/Marine Communication Course				
GMDSS				
R-Ro				
Bridge team Management				
Crew Recourse Management				

Watch keeping Certificate: (for ratings only) – Include Liberian Special Qualification

Certificate to work as (e.g. AB/Oiler)	Certificate Number	Date Issued	Place Issued	Valid Until



3. **SEA EXPERIENCE:** (Last 5 years) (Most recent experience on top line)

Company	Vessel	Type (1)	DWT	Main Engin e (2)	BH P	Rank	Date From dd/mm/yy	Date To dd/mm/yy
EGYPTION COMPANY	NATIONAL STAR	GENERAL CARGO				WELDER	28/08/2006	07/09/2006
FINANCIA	AMINA	GENERAL CARGO				WELDER	02/10/2006	25/12/2006
SEE SHORE	LEOPARD	GENERAL CARGO				WELDER	01/04/2007	12/02/2008
SEE SHORE	HUMMER	GENERAL CARGO				WELDER	01/04/2008	03/03/2009
RED SHIPPING LINE	ZIAD STAR	GENERAL CARGO				WELDER	11/05/2009	10/07/2009
RED SHIPPING LINE	PRINCESS DINA	GENERAL CARGO				WELDER	15/11/2009	09/03/2010
ENGE SHIPPING LINE	MILAN STAR	GENERAL CARGO				WELDER	29/03/2010	29/11/2010
ENGE SHIPPING LINE	MILAN STAR	GENERAL CARGO				WELDER	27/08/2011	03/12/2012
GOLF OF ADAN	SILICA 2	PASSENGER				WELDER	20/07/2012	06/04/2013
GRIFFIN	FREE GOODS	GENERAL CARGO				WELDER	12/06/2013	19/09/2013
GRIFFIN	MSTER NICOS	GENERAL CARGO				WELDER	03/09/2014	12/03/2015
NAMA SHIPPING	MAWADA	PASSENGER				WELDER	15/06/2015	05/09/2015
GOLF INTERNATIONAL .COM	SALYM	GENERAL CARGO				WELDER	16/12/2015	10/08/2016
FINICIA	AMAN	CONTAINER				WELDER	12/12/2016	21/04/2017
ALCO SHIPPING	QAASWA	CHIMICAL SERVICES				WELDER	18/08/2017	26/04/2018
EDT SHIP MANAGEMENT	CREON	PETROLEUM SERVICES				WELDER	12/11/2018	07/01/2019
EDT SHIP MANAGEMENT	EDT SERV	BULK CARRIER				WELDER	07/01/2019	01/06/2019
LAMAR SHIPPING LINE	GEORGE	BULK CARRIER				WELDER	06/02/2019	31/08/2020
	LOUISA BOLTEN	BULK CARRIER				FITTER	25/04/2021	19/02/2022
	SIDER JOY	BULK CARRIER				FITTER	02/07/2022	27/09/2022

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	CARLOTA BOLTEN	BULK CARRIE	R			FITTER	17/11/2022	09/05/2023
	AMORGOS BOLTEN	BULK CARRIE				FITTER	02/09/2023	12/10/2023
4. MEDICAL I	HISTORY	·	•	·				•
	portance that all illnesses other t	than minor affliction	ons should b	stated. The Co	ompany is	entitled to ref	use any claim for treatmen	nt, cost or any
	nefits if a complete statement of				. ,	·	, .	,
	r signed off a ship due to medic	al reasons?		Yes	☐ No			
Name of vessel		Date of occurre	ence			Place of occu	urrence	
Brief description	n of illness/injury/accident							
(B) have you und	ergone any operation in the pas	st?	Yes	<u>N</u> o				
If yes, please prov	vide following details:							
Details of opera	tion	Date		Period of o	lisability		Present condition	
	sses or accidents have you consu	ultad a doctor duri						
(C) For what illne:		uiteu a doctor duri	ing the last 1	2 months?				
			ing the last 1	_	reatment			
C) For what illnes		Date Date	ing the last 1	2 months? Therapy/T	reatment			
			ing the last 1	_	reatment			
			ing the last 1	_	reatment			
Details of illness		Date	ing the last 1	_	reatment			
Details of illness	etails of any health or disability p	Date	ing the last 1	_	reatment			
Details of illness (D) Please give de	etails of any health or disability p	Date	ing the last 1	_	reatment			
Details of illness (D) Please give de	etails of any health or disability p	Date	ing the last 1	_	reatment			
Details of illness (D) Please give de	etails of any health or disability p	Date	ing the last 1	_	reatment			
Details of illness (D) Please give de Details of illness 5. GENERAL	etails of any health or disability p	Date		Therapy/T	reatment			
Details of illness (D) Please give de Details of illness 5. GENERAL	etails of any health or disability p	problem who we may cont		Therapy/T	reatment	Referen	ce 2	
Details of illness (D) Please give de Details of illness 5. GENERAL	etails of any health or disability p	problem who we may cont	act for refer	Therapy/T	reatment	Referen	ce 2	
(D) Please give de Details of illness 5. GENERAL ease give referen Name of Compa	etails of any health or disability p	problem who we may cont	act for refer	Therapy/T	reatment	Referen	ce 2	
(D) Please give de Details of illness 5. GENERAL ease give referen	etails of any health or disability p	problem who we may cont	act for refer	Therapy/T	reatment	Referen	ce 2	
(D) Please give de Details of illness 5. GENERAL ease give referen Name of Compa	etails of any health or disability p	problem who we may cont	act for refer	Therapy/T	reatment	Referen	ce 2	

Completed