

1. PERSONAL DATA

First Name: ABDELFATTAH	Middle Name: FAWZY	Last Name/Surname: WAHIB
Nationality: Egyptian	Date of Birth: 21/11/1977	Place of Birth: Kafr-Elshiekh



Position applied for: A.B	Willing to accept lower rank? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Available from: 07/11/2022
---------------------------	---	----------------------------

Permanent Address: Baltem, Kafr-Elshiekh, Egypt	Weight:	Height:
City: Kafr-Elshiekh, Egypt		
Post Code: 33511	Tel: 00201205300295	
Nearest Airport:	Cairo international Airport	

Document	No.	Issued	Place	Valid Until
Passport: Country	A31334511	25/08/2022	Egypt	24/08/2029
Seaman's Book (CDC): National	S00016655	28/07/2021	Egypt	13/07/2028
Seaman's Book (CDC): Other Flag	PA0172537	06/12/2021	Panama	25/10/2028
C1/D visa:				

Name of Nominee for compensation in case of fatality: Mervat Wagih Atta	Relationship: Wife	
Address: Baltem, Kafr-Elshiekh, Egypt		
City: Kafr-Elshiekh, Egypt	Post Code: 33511	Tel: 00201554980017

Family Data:

Relationship	First Name	Last Name	Date of Birth	Passport No.	Issued	Place	Valid Until
Spouse	Mervet	Atta	01/05/1986				
Child <input checked="" type="checkbox"/> M <input type="checkbox"/> f	Mohamed	Wahib	07/08/2010				
Child <input checked="" type="checkbox"/> M <input type="checkbox"/> f	Fawzy	Wahib	01/10/2014				
Child <input checked="" type="checkbox"/> M <input type="checkbox"/> f	Omar	Wahib	07/12/2017				
Child <input type="checkbox"/> M <input type="checkbox"/> f							
Child <input type="checkbox"/> M <input type="checkbox"/> f							
Indicate type of valid visa (1) USA Canada Brazil UK Others							

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

Course/Certificate	Certificate Number	Date Issued	Place Issued	Valid Until
Sea Survival-Personal	BST 754	08/06/2022	Egypt	06/06/2027
Basic First Aid/Ship Master's Medicare	BST 754	08/06/2022	Egypt	06/06/2027
Proficiency in Survival Craft	NC 24127	17/08/2021	Egypt	10/08/2026
Fire Fighting Basic	BST 754	08/06/2022	Egypt	06/06/2027
Fire Fighting Advanced				
Fire Fighting Command and Control				
Fire Fighting Others (Specify)				
Radar Observer				
Radar Simulator				
A.R.P.A.				
Personal safety and social responsibilities	BST 754	08/06/2022	Egypt	06/06/2027
Crowd management training	293592/21/EG	31/08/2021	Egypt	21/08/2026
Navigational watchkeeping				
Able seafarer deck	21299/21/EG	22/06/2021	Egypt	XXXXXX
Proficiency of security awareness training for seafarers With designated security duties	NA 7663	06/06/2022	Egypt	31/05/2027
Safety training for personnel providing direct service to passengers	29342/21/EG	31/08/2021	Egypt	23/08/2026
Passenger safety cargo safety and hull integrity training	29417/21/EG	31/08/2021	Egypt	24/08/2026
Crisis management and human behaviour training	29402/21/EG	31/08/2021	Egypt	25/08/2026
Proficiency for Able Seafarer Deck	00249	16/08/2021	Egypt	xxxxxxx
Proficiency in survival craft and rescue boats	02038	16/08/2021	Egypt	13/07/2026
International medical certificate for seafarers	15640	20-06-2023	Egypt	19-06-2025
International certificate of vaccination	T3J801V	02/08/2021	Egypt	Valid for lifelong
Vaccination against covid-19	3396	19/08/2021	Egypt	xxxxxxx

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 Engine (2)	BHP	Rank	Date From dd/mm/yy	Date To dd/mm/yy
KIRMAN TRANS	EGENUR	CARGO	5000			OILER	06/03/2005	02/07/2005
SIGMA SHIPPING	DIAMOND 1	CARGO	5500			A.B	03/07/2005	18/07/2006
SUBSEA PETRILUM	SUB SEA 7	OFFSHORE	800			A.B	03/08/2006	01/10/2006
SEA WITH SHIPPING	ROSE.S	CONTAINER	15000			BOSUN	07/01/2007	02/11/2007
NOMA CHENG	PRIDGE	RORO	10000			A.B	12/02/2009	02/04/2009
CMA CGM	SIWA	CONTAINER	8000			A.B	12/06/2009	10/11/2009
CMA CGM	SIWA	CONTAINER	8000			A.B	07/10/2009	21/11/2009
RICK NAVIGATION	UNI-R	CARGO	9800			A.B	25/07/2010	28/11/2010
FRIENDS FOR NAVIGATION	SNOW WHITE	CARGO	4600			BOSUN	11/08/2017	04/02/2018
MANSA SHIPPING	NESREEN	CARGO				BOSUN	11/02/2018	06/05/2018
MANSA SHIPPING	SAFI GRT	CARGO	20000			BOSUN	06/05/2018	26/08/2018
MANSA SHIPPING	SAFI GRT	CARGO	20000			BOSUN	18/10/2018	29/03/2019
RICK NAVIGATION	REK TITAN	CARGO	9900			A.B	20/06/2019	16/12/2019
MANSA SHIPPING	PRINCESS.M	CARGO	5800			CH.OFF	15/01/2020	06/10/2020
MANSA SHIPPING	FATUMA.M	CARGO	6400			BOSUN	15/10/2020	06/06/2021
SAN NICOLA	ITALIAN TRADER	CARGO	8200			BOSUN	21/10/2021	28/05/2022
DAMASK SHIPPING.LTD	AST MALTA	CONTAINER	6500			BOSUN	21/09/2022	30/10/2022
UMS SHIPPPING	UMS ALBEDO	G . C	12000			BOSUN	05-03-2023	20-06-2023
FENEKIA SHIPPPING	SUKHOOR ALKHALEEJ	BULK CARRER	75500			BOSUN	17-08-2023	13-20-2024

4. MEDICAL HISTORY

It is of utmost importance that all illnesses other than minor afflictions should be stated. The Company is entitled to refuse any claim for treatment, cost or any other insured benefits if a complete statement of all previous illnesses has not been given.

(A) Have you ever signed off a ship due to medical reasons?

☐ Yes ☒ No

If yes, please provide following details:

Name of vessel	Date of occurrence	Place of occurrence
Brief description of illness/injury/accident		

(B) have you undergone any operation in the past?

☐ Yes ☒ No

If yes, please provide following details:

Details of operation	Date	Period of disability	Present condition

(C) For what illnesses or accidents have you consulted a doctor during the last 12 months?

Details of illness	Date	Therapy/Treatment

(D) Please give details of any health or disability problem

Details of illness	

5. GENERAL

Please give references from two recent employers who we may contact for references

	Reference 1	Reference 2
Name of Company		
Name of person to contact	Mahmoud Youssef	
Address		
Country	Damietta	
Telephone	00201277300004	

I hereby declare that the above, including Medical History, is true.

Place: ____ Kafr-Elshiekh ____ Date: _07/11/2022

Signature: ABDELFAHAT FAWZY WAHIB

■ ■ Completed ■ ■