## CURRICULUMVITAE OF MR. DAUDI BERNAD KALUSE

Names	:	Mr. DAUDI BERNAD KALUSE
Rank	:	AB
Place/Date of Birth	:	25 <sup>TH</sup> OCT 2003
Address	:	DARESSALAAM
Mobile Phone/Home	:	+255675914942
Email	:	daudikaluse@gmail.com
Nationality	:	Tanzanian
Marital Status	:	SINGLE
Professional Education	:	MARINE NAVIGATIONAL
Height/Weight	:	175cm/73 kg



Travel Document	Number	Authority /Government	<b>Issued Date</b>	Expire Date
Passport	TAE 657242	PCO-DAR ES SALAAM	30/10/2023	29/10/2033
Seamen Book (OLD)	DB 04232	TASAC- Tanzania	23/10/2018	22/10/2022
Seamen Book (NEW)	CDC 5527	TASAC- Tanzania	06/01/2023	05/01/2028

Next of Kin/Emergency Contact		
Name	:	BERNAD DAUDI KALUSE
Permanent Address	:	DAR ES SALAAM
Phone/ Home	:	+255719100066
Relation	:	FATHER

Watch keeping Certificate	Number	Authority	Issued	Expire
		/Government	Date	Date
Rating Forming Part of a Navigation Watch	03305	Tasac-Tanzania	11/03/2022	NIL
Able seafarer Deck	01624	Tasac-Tanzania	15/03/2024	NIL

Certificate of STCW78/2010	Number	Authority	Issued	Expire
		/Government	Date	Date
Personal Survival Technique	011130	Tasac-Tanzania	18/03/2022	17/03/2027
Fire Prevention and Fire Fighting	10386	Tasac-Tanzania	11/03/2022	10/03/2027
Personal Safety and Social Responsibility	011260	Tasac – Tanzania	18/03/2022	17/03/2027
Seafarer Designated Security Duties	01272	Tasac-Tanzania	11/03/2022	NIL
Security Awareness Training	010454	Tasac – Tanzania	11/03/2022	NIL
Proficiency in Survival Craft and Rescue				
Boats	05654	Tasac-Tanzania	22/09/2023	21/09/2028
ElementaryFirst Aid	03221	Tasac-Tanzania	11/03/2022	10/03/2027
HydrogenSulphideSafety	24041961519722	IACET	19/04/2024	NIL
Basic Safety Training	08459	Tasac-Tanzania	11/08/2023	10/08/2025

### SEASERVICERECORDSFORTHELAST

N o	VESSEL NAME	RANK	TYPE OF VESSEL	GRT/HP	SIGNING ON DA TE	SIGNI NG OFF DATE	DURAT ION	COMPANY/ CONTRACTOR	TRADING AREA
1	AHTS KING JESUS	AB	AHTS	1461	05/01/2022	01/10/2022	09 Months	WEST AFRICA VENTURE	OFFSHORE
2	CSC NELSON AVATU	AB	AHTS	6800	07/03/2021	27/11/2021	09 Months	KPA	OFFSHORE
3	JASCON 40	AB	AHTS	1373	06/04/2020	28/12/2020	09 Months	WEST AFRICA VENTURE	OFFSHORE
4	MV DMS CHALLENGER II	AB	AHTS	1387	02/08/2019	27/01/2020	06 Months		FG
5	MV DMS CHALLENGER II	AB	AHTS	1387	10/11/2018	14/06/2019	07 Months	P&O MARINE	FG

Total Sea Time: 40 Months

ASD

No. 01624



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
FANZANIA SHIPPING AGENCIES CORPORATION
TASAC



This is to certify that MR. DAUDI BERNAD KALUSE

Has successfully completed an approved ABLE SEAFARER DECK course. This Certificate has been issued under Regulation II/5 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

15.03.2024

Issued on....

Saluse

Signature of the Holder



LAMECK SONOO SAL

SDSD

No. 01272



THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS AND TRANSPORT NZANIA SHIPPING AGENCIES CORPORATION TASAC



	MR.	DAUDI	BERNAD	KALUSE
--	-----	-------	--------	--------

This is to certify that.....

Date of birth Place of birth KINONDONI

Has successfully completed an approved SEAFARER DESIGNATED SECURITY DUTIES course. This Certificate has been issued under Regulation VI/6.4 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

08.03.2024

Issued on.....

Signature of the Holder





### No. 010454



# THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS AND TRANSPORT FANZANIA SHIPPING AGENCIES CORPORATION TASAC



MR. DAUDI BERNAD KALUSE

This is to certify that.....

25.10.2003

KINONDONI

Date of birth......Place of birth.....

Has successfully completed an approved SECURITY AWARENESS TRAINING course. This Certificate has been issued under Regulation VI/6.1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

11.03.2022

Baluse

Signature of the Holder



GA E. E. MAR WANI

De

No. 011130



#### THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS AND TRANSPORT

NZANIA SHIPPING AGENCIES CORPORATION



MR. DAUDI BERNAD KALUSE

This is to certify that.....

Date of birth 25.10.2003 KINONDONI Place of birth

Has successfully completed an approved PERSONAL SURVIVAL TECHNIQUES course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/1 and Table A-VI/1-1 of the STCW Code.

Signature of the Holder

E. E. MARYANI

**RFPNW** 

No. 03305



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



MR. DAUDI BERNAD KALUSE

This is to certify that.....

25.10.2003 Place of birth. KI

KINONDONI

Has successfully completed an approved RATING FORMING PART OF A NAVIGATIONAL WATCH course. This Certificate has been issued under Regulation II/4 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

11.03.2022

Issued on.

Daluse

Signature of the Holder

LAMECK SONDO

PSCRB

No. 05654



THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS AND TRANSPORT NZANIA SHIPPING AGENCIES CORPORATION



MR. DAUDI BERNAD KALUSE

This is to certify that.....

25.10.2003

KINONDONI

Date of birth Place of birth

Has successfully completed an approved PROFICIENCY IN SURVIVAL CRAFT & RESCUE BOATS course. This Certificate has been issued under Regulation VI/2-1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

22.09.2023

21.09.2028

Issued on......Valid Until.....

Signature of the Holder



No. 03221



#### THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS AND TRANSPORT

TANZANIA SHIPPING AGENCIES CORPORATION TASAC



MR. DAUDI BERNAD KALUSE

This is to certify that.....

25.10.2003

KINONDONI

Date of birth......Place of birth.....

Has successfully completed an approved ELEMENTARY FIRST AID course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/I and Table A-VI/I-3 of the STCW Code.

11.03.2022

....Valid Until.....

10.03.2027

Signature of the Holder



E. E. MARDANI

**PSSR** 

No. 011260



THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS AND TRANSPORT

TANZANIA SHIPPING AGENCIES CORPORATION



MR. DAUDI BERNAD KALUSE

This is to certify that.....

Date of birth. 25.10.2003 Place of birth. KINONDONI

Has successfully completed an approved PERSONAL SAFETY AND SOCIAL RESPONSIBILITIES course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/1 and Table A-VI/1-4 of the STCW Code.

Issued on.....

18.03, 2022 Valid Until.....

17.03.2027

Signature of the Holder



E. MARIJANI

**FPFF** 

No. 10386



#### THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS AND TRANSPORT

ANZANIA SHIPPING AGENCIES CORPORATION TASAC



MR. DAUDI BERNAD KALUSE This is to certify that.....

25.10.2003 Place of birth KINONDON I Date of birth...

Has successfully completed an approved FIRE PREVENTION AND FIRE FIGHTING course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/I and Table A-VI/I-2 of the STCW Code.

11.03.2022 Valid Until 10.03.2027

Signature of the Holder

E.E. MARUMI

## DAR ES SALAAM MARITIME INSTITUTE (DMI)

Dar es Salaam Maritime Institute (DMI) P.O.BoX 6727 Dar es Salaam Tanzania

TNo: 08459



Fax: + 255 22 211 2600 Email: dmi83@hotmail.com Website: www.dmi.act.tz

Registered Government Training Institute Accredited by the Surface and Marine Transport Regulation Authority

Student Number DMI/BST/11/08/023

This is certify that



## DAUDI BERNAD KALUSE

Identify document number CDC. 5527

#### BASIC SAFETY TRAINING CERTIFICATE

In accordance with regulation as per Section A-V/1 of the International Convention on Standard of Training. Certification and Watch Keeping for Seafarers 78/2010 manila amended.

PERSONAL SURVIVAL TECHNIQUES (Table -AVI/1-1) FIRE PREVENTING AND FIRE FIGHTING (Table-AVI/1-2) ELEMENTARY FIRST AID (Table - AVI/1-03) PERSONAL SAFETY AND SOCIAL RESPONSIBILITIES (Table-AVI/1-4)

Signature of Course Coordinator

Signature of the Candidate

11th August, 2023 Date of Issue

10th August, 2025 Expiry Date

# Certificate of Completion

This certifies that

## DAUDI B. KALUSE

has successfully completed

## Hydrogen Sulfide Awareness Training

And ASC Z390.1, Accepted Practices for Hydrogen Sulfide Safety Training Programs

In Accordance with OSHA Regulations, 29 CFR 1910 and 1926 and ANSI Standard Z390.1

Also Known as H2S Training

This course is approved for 2 Contact Hours (.2 CEUs) of continuing education per the California Department of Public Health for Registered Environmental Health Specialist (REHS) (Accreditation # 044)

Safety Unlimited, Inc., Provider #5660170-2, is accredited by the International Association for Continuing Education and Training (IACET) and is accredited to issue the IACET CEU. As an IACET Accredited Provider, Safety Unlimited, Inc. offers CEUs for its programs that qualify under the ANSI/IACET Standard. Safety Unlimited, Inc. is authorized by IACET to offer 0.2 CEUs for this program.

<u>Julius P. Griggs</u> Julius P. Griggs

Julius P. Griggs Instructor #892 24041961519722

Certificate Number

4/19/2024

Issue Date





2139 Tapo St., Suite 228 Simi Valley,CA 93063 (855) 784-2677 or 805 306-8027 https://www.safetyunlimited.com

Scan this code or visit safetyunlimited.com/v to verify certificate.

Annual Refresher Training Required by ANSI Z390.1



## CDC 5527

THIS BOOK IS A SEAFARER'S IDENTITY DOCUMENT ISSUED FOR THE PURPOSE OF PROVIDING THE HOLDER WITH IDENTITY PAPERS FOR TRAVEL TO OR FROM AN ASSIGNED VESSEL OR PURSUANT TO INSTRUCTIONS BY THE MASTER OF SUCH A VESSEL, AND PROVIDING A RECORD OF THE HOLDER'S SEAGOING SERVICE.

THIS BOOK IS NOT A PASSPORT AND IT IS ISSUED WITHOUT PREJUDICE TO AND IN NO WAY AFFECTS THE NATIONAL STATUS OF THE HOLDER.

THE SPECIAL QUALIFICATION CERTIFICATES ENTERED WITHIN THIS BOOK ARE ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE INTERNATIONAL CONVENTION ON THE STANDARDS OF TRAINING, CERTIFICATION AND WATCHKEEPING, 1978 AS AMENDED AND OTHER RELEVANT CONVENTIONS RATIFIED BY THE UNITED REPUBLIC OF TANZANIA



UNITED REPUBLIC OF TANZANIA
TANZANIA SHIPPING AGENCIES CORPORATION (TASAC)

THIS SEAFARER'S IDENTITY DOCUMENT AND RECORD BOOK IS ISSUED TO

## DAUDI BERNAD KALWE

Under the provision of section 117
of the Merchant Shipping Act, CAP 165 and the Merchant
Shipping (Continuous Discharge Certificate) Regulations,
GN .No 230 published on 22/04/2022

Signature of Issuing Officer

Designation of Issuing Officer

REGISTRAR OF SEAFARERS
TANZANIA

THIS BOOK CONTAINS 32 NUMBERED PAGER EXCLUSIVE OF COVERS

PAGE 1

PAGE 2

SIGNATURE OF SEAFAREF



PHOTOGRAPH OF SEAFARER

## DB 104232

THIS BOOK IS A SEAFARER'S IDENTITY DOCUMENT ISSUED FOR THE PURPOSE OF PROVIDING THE HOLDER WITH IDENTITY PAPERS FOR TRAVEL TO OR FROM AN ASSIGNED VESSEL OR PURSUANT TO INSTRUCTIONS BY THE MASTER OF SUCH A VESSEL AND PROVIDING A RECORD OF THE HOLDER'S SEAGOING SERVICE

THIS BOOK IS NOT A PASSPORT AND IT IS ISSUED WITHOUT PREJUDICE TO AND IN NO WAY AFFECTS THE NATIONAL STATUS OF THE HOLDER.

THE SPECIAL QUALIFICATION CERTIFICATES ENTERED WITHIN THIS BOOK ARE ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE INTERNATIONAL CONVENTION ON THE STANDARDS OF TRAINING, CERTIFICATION AND WATCH KEEPING, 1978 AS AMENDED AND OTHER RELEVANT CONVENTIONS RATIFIED BY THE UNITED REPUBLIC OF TANZANIA



#### 0 10 10 10 UNITED REPUBLIC OF TANZANIA

SURFACE AND MARINE TRANSPORT REGULATORY AUTHORITY

THIS SEAFARER'S IDENTITY DOCUMENT AND RECORD BOOK IS ISSUED TO

KALUSE

UNDER THE PROVISIONS OF

SECTION 117 OF THE MERCHANT SHIPPING ACT, 2003

Signature of Issuing Officer

REGISTRAR OF SEAFARERS

Designation of Issuing Officer TANZANIA

THIS BOOK COUNTAINS 32 NUMBERED PAGES EXCLUSIVE OF COVERS

PAGE 1

DB .04232

STURNAME KALUSE OTHER NAMES DAYDI BERNAD KINONDONI DATE OF BIRTH 25.10.2003 COLOUR OF EYES BLACK HEIGHT 75 CM 73 KG 22. 10.2022 COLGUR OF HAIR BLACK DISTINGUISHING MARKS TASAC-HQ-DARESALAAM DATE OF ISSUE 23.10.2018

PAGE

PHOTOGRAPH OF SEAFARER



Baluse

SIGNATURE OF SEAFABER

TOWER.

DB 04232	11/1//			875NET /617
NAME OF VESSEL OFFICIAL NO. GROSS TONNAGE OR HORSEPOWER®	DATE AND PLACE OF  ENGAGEMENT DISCHARGE	GRADE/ RANK	DESCRIP TION OF VOYAGE	SIGNATURE COMPANY STAMP OF MASTER OR SEAL
MV DMS CHALLENGER II PORT OF REG: MAJURO FLAG: MARSHALLISLA IMO NO: 9338931 CALL SIGN: V7LX4 GRT: 1387 NRT: 416 BHP: 400	NDS & SE SOLIA	Jes .	Y.C	L MASTER MY ONS CHALLENGER II
MV DMS CHALLENGER II PORT OF REG : MAJURO FLAG : MARSHALLISL IMO NO : 9338931				MASTER WAS CHALLENGER IF
CALL SIGN : V7LX4 GRT : 1387 NRT : 416	JABEL-ALL DIMCPORT	A.B	FG	/40/2
JASCON 40; IMO 942995 MMS 657 058 CALL SIGN - 5NXX3 FLAG - NIGERI GRT - 1373 To NRT - 1252 To	06/04/2020 28/2/2020	AB	OFFIHATE	JASCON 40; IMO 9429950; MMS 657 05860. CALL SIGN - 5NXX3 FLAG - NIGERIA; GRT - 1373 Tons NRT - 1252 Tons

PAGE 12

PAGE 13

DB 04232		111			WAR THE
NAME OF VESSEL OFFICIAL NO.	DATE AND	PLACE OF	GRADE/	DESCRIP TION OF	SIGNATURE / COMPANY STAMP
GROSS TONNAGE OR HORSEPOWER*	ENGAGEMENT	DISCHARGE	RANK	VOYAGE	OF MASTER OR SEAL
CSC NELSON	100%			4	CEC NELSON
OFF NO. 2086 CALL SIGN: BZ25289 IMC NO: 752561 GR /NRT: 6800/200	01/63/reach	Silli wanger	120	6 runs	CALL SIGN: BZ25289 IMO NO: 752561
IMO 9656591	226				A A A A A A A A A A A A A A A A A A A
MMSI 657168100 CALL SIGN 50DH3 GRT 1461T NRT 1314T	05th Jamary,	015t Odober,	AB	645hore	MASTER
1G NIG ROT	0				
		THE STATE OF			
*ENGINE ROOM WORKERS GIVE	HORSEPOWER, OTHERS	GROSS TONNAGE	4/2		

PAGE 14

PAGE 15



JAMHURI YA MUUNGANO WA TANZANIA-UNITED REPUBLIC OF TANZANIA-REPUBLIQUE-LINIE DE TANZANIE

PASIPOTI/PASSPORT/PASSEPORT

TZA

TAE657242

URT

KALUSE

DAUDI BERNAD

TANZANIAN

25 OCT 2003

KINONDONI

30 OCT 23

29 OCT 33

75.10.2003

PCO, DAR ES SALAAM

Baluer

P<TZAKALUSE<<DAUDI<BERNAD<<<<<<< TAE6572429TZA0310251M3310296<<<<<<<<

## THE UNITED REPUBLIC OF TANZANIA REPUBLIQUE UNIE DU TANZANIE



240559

MINISTRY OF HEALTH, COMMUNITY
DEVELOPMENT, GENDER, ELDERLY AND CHILDREN
MINISTRE DE LA SANTE TANZANIE

International Certificate of Vaccination or Prophylaxis

Hitematical Health Policilloss, (2005)

Certificat International de veccination ou de prophylaxie

Regiment and aim investorial (2008)

Issued to / Dellare a

Passport number or travel document number

#### International Certificate of Vaccination or Prophylaxis

International Health Regulations (2005)

#### Certificat international de Vaccination ou de prophylaxie

Reglement sanitaire international (2005)

Issued to / Délivre à

## DAUDIBERHAD KALUSE

Passport number or travel document number Numero de passeport ou du ducument de voyage

THE 657242

## INTERNATIONAL CERTIFICATE\* OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] DAUD!
date of birth 2.5 10 12003 ox M
nationality TAM ZAMIAM
national identification document. If applicable whose signature follows the bacture
has on the date indicated been vaccinated or received prophylasis

has on the date mane of disease Condition)

FELLOW

FELLOW

in accordance with the International Health Regulations.

Vaccine or prophylaxis  Mac cir'ou agent  prophylactique	Dute Dafa	Signatore and professional status of supervising chippian section and supervising section and section
' YELLOW	02-04	HARG ION C
1 FELTER		RING
3		NAC

<sup>\*</sup> Requirement for validity of certificate on page 2.

#### CERTIFICAT\* INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Nous certifions qu	c [noth]
nê(e) le	de sexe
et de nationalite	
ducument d'dentifi	cation national, le cas échéant
dont la signature s	quit
	i a recu des agents prophylactiques à la da nom de la maladie ou de l'affection)

conformement au Réglement samitaire infarmational.

Manufacturer and hatch no. of voccine or prophylaxis

Fabricant da voccine or de l'agest prophylactique elementero du lot

SANCOTI DOLLS

PATIEUR UNEQUE

NES CC4 TER-OFE

<sup>\*</sup> Vali les conditions de validée à la page 3.



# THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS AND TRANSPORT

## TANZANIA SHIPPING AGENCIES CORPORATION == TASAC



Last Name  First Names  Sex: Male  Female  Date of Birth (day/month/year	ZALLIOT Medica	al Fitness C	Certificate		
Home address  Home address  ABLE  Home address  ABLE  Ablation for the Merchant Shipping (Medical Examination) Regulations, 2016, made under the Merchant Shipping Act, 2003. On the basis of the applicant's personal declaration, my clinical examination and diagnostic test results recorded on the medical examination form, I declare the applicant fit for seafaring  The applicant used aids to vision to meet a satisfactory standard  Poletic as appropriate  The applicant used aids to hearing to meet a satisfactory standard  Poletic of examination  The applicant used aids to hearing to meet a satisfactory standard  Official Stamp  Signature of Approved Medical Practitioner  Expiry date of Certificate (day/month/year)  Applicant's signature  Poletic as appropriate  Community Health Consultant  Applicant's signature  Poletic as appropriate  Community Health Consultant  Applicant's signature  Poletic as appropriate  The original of this Certificate is be given to the applicant. A copies to be provided to I ASAC  General Physician  Availation Medical Examiner (AME)  Seafacras Medical Services (TASAC)	SALUSE DAI	(D)	BERNA	D	
Home address  Home address  How evaluated the above named applicant according to the Merchant Shipping (Medical Examination) Regulations, 2016, made under the Merchant Shipping Act, 2003. On the basis of the applicant's personal declaration, my clinical examination and diagnostic test results recorded on the medical examination form, I declare the applicant fit for seafaring.  *Delete as appropriate  The applicant used aids to vision to meet a satisfactory standard  Date of last colour vision test if not tested at this examination  The applicant used aids to hearing to meet a satisfactory standard  Date of examination  The applicant used aids to hearing to meet a satisfactory standard  Date of examination  (Day/month/year)  Name of Approved Medical Practitioner  Expiry date of Certificate  (day/month/year)  Expiry date of Certificate  (da	Last Name First?	Names	25.10	20	103
have evaluated the above named applicant according to the Merchant Shipping (Medical Examination) Regulations, 2016, made under the Merchant Shipping Act, 2003. On the basis of the applicant's personal declaration, my clinical examination and diagnostic test results recorded on the medical examination form, I declare the applicant fit for seafaring.  **Delete as appropriate*  The applicant used aids to vision to meet a satisfactory standard Yes No Date of last colour vision test if not tested at this examination  The applicant used aids to hearing to meet a satisfactory standard Yes One of examination (Day/month/year)  Name of Approved Medical Practitioner Official Stamp  Signature of Approved Medical Practitioner Official Stamp  Signature of Approved Medical Practitioner Official Stamp  Community Health Consultant Pols Ros Scools and Applicant's signature Pols Ros Scools and Applicant Scools and Applicant's signature Pols Ros Scools and Applicant Applicant's signature Pols Ros Scools and Applicant Applicant Applicant Rossultant Pols Ros Scools and Applicant Applicant Rossultant Pols Ros Scools and Applicant Applicant Applicant Applicant Rossultant Pols Ros Scools and Practitioner Rossultant Pols Ros Scools and Practitioner Rossultant	16.000	- th 00	Date of birth (day/mon	tll/year	
The applicant used aids to vision to meet a satisfactory standard  Date of last colour vision test if not tested at this examination  The applicant used aids to hearing to meet a satisfactory standard  Date of examination  The applicant used aids to hearing to meet a satisfactory standard  Date of examination  The applicant used aids to hearing to meet a satisfactory standard  Date of examination  (Day/month/year)  Name of Approved Medical Practitioner  Expiry date of Certificate (day/month/year)  Lacknowledge that I have been advised on the content of the applicant's signature  Description of this Certificate is be given to the applicant. A copy is to be provided to IASAC.  The Approved Medical Practitioner may retain a copy.  The Approved Medical Examiner (AME)  Segularers Medical Examiner (AME)  Segularers Medical Examiner (AME)  Segularers Medical Examiner (AME)	Igne address MOLZ ( K)	MONT	ON DAR	ESS/	HAAM
The applicant used aids to vision to meet a satisfactory standard  Date of last colour vision test if not tested at this examination  The applicant used aids to hearing to meet a satisfactory standard  Date of examination  The applicant used aids to hearing to meet a satisfactory standard  Date of examination  The applicant used aids to hearing to meet a satisfactory standard  Date of examination  (Day/month/year)  Name of Approved Medical Practitioner  Expiry date of Certificate (day/month/year)  Lacknowledge that I have been advised on the content of the applicant's signature  Description of this Certificate is be given to the applicant. A copy is to be provided to IASAC.  The Approved Medical Practitioner may retain a copy.  The Approved Medical Examiner (AME)  Segularers Medical Examiner (AME)  Segularers Medical Examiner (AME)  Segularers Medical Examiner (AME)	Bol Bridgithy King Kinghilly ICA Nutriber	() <sub>2</sub>	431161		
*Delete as appropriate  The applicant used aids to vision to meet a satisfactory standard  Pace of last colour vision test if not tested at this examination  The applicant used aids to hearing to meet a satisfactory standard  Pace of examination  The applicant used aids to hearing to meet a satisfactory standard  Pace of examination  The applicant used aids to hearing to meet a satisfactory standard  Pace of examination  Official Stamp  Official Stamp  Official Stamp  Official Stamp  Community date of Certificate (day/month/year)  I acknowledge that I have been advised on the content of the meeth prevailed to the policiant of this Certificate is be given to the applicant. A copy is to be provided to TASAC. The Approved Medical Practitioner may retain a copy.  The original of this Certificate is be given to the applicant. A copy is to be provided to TASAC.  Avoidton Medical Examiner (AME)  Sequence of the satisfactory standard of the specific and the satisfactory standard of the satisfact	have evaluated the above named applicant according	ng to the Merch	ant Shipping (Medical	Examination)	Regulations, 2016,
The applicant used aids to vision to meet a satisfactory standard  Date of last colour vision test if not tested at this examination  The applicant used aids to hearing to meet a satisfactory standard  Date of examination  (Day/month/year)  Name of Approved Medical Practitioner  Expiry date of Certificate  (day/month/year)  EDEN MEDICAL CLINIC  (day/month/year)  EDEN MEDICAL CLINIC  (day/month/year)  EDEN MEDICAL CLINIC  Community Health Consultant  P.O. Box 65202; Dar es Salaam  Applicant's signature  The original of this Certificate is be given to the applicant. A copy is to be provided to TASAC  Practitioner may retain a copy.  The Approved Medical  Foreign of this Certificate is be given to the applicant. A copy is to be provided to TASAC  Aviation Medical Examiner (AME)  Seafarers Medical Services (TASAC)	nd diagnostic test results recorded on the medical ex-	ne basis of the a amination form	applicant's personal dec , I declare the applicant	laration, my o fit for seafari	clinical examination ng *
The applicant used aids to vision to meet a satisfactory standard  Pace of last colour vision test if not tested at this examination  The applicant used aids to hearing to meet a satisfactory standard  Date of examination  (Day/month/year)  Name of Approved Medical Practitioner  Expiry date of Certificate  (day/month/year)  EDEN MEDICAL CLINIC  acknowledge that I have been advised on the content of the medical examination of this Certificate is be given to the applicant. A copy is to be provided to TASAC.  Practitioner may retain a copy.  The Approved Medical Examiner (AME)  Seafarers Medical Examiner (AME)  Seafarers Medical Services (TASAC)	CITI	באט כד	TOLOUNT		
The applicant used aids to vision to meet a satisfactory standard  Pate of last colour vision test if not tested at this examination  The applicant used aids to hearing to meet a satisfactory standard  Oute of examination  (Day/month/year)  Name of Approved Medical Practitioner  Expiry date of Certificate  (day/month/year)  Applicant's signature  The original of this Certificate is be given to the applicant. A copy is to be provided to TASAC.  The Approved Medical Practitioner may retain a copy.  The Approved Medical Capture of the provided to TASAC.  The Approved Medical Capture of Approved Medical Capture of the provided to TASAC.  Segfarers Medical Examiner (AME)  Segfarers Medical Services (TASAC)		FUR Dela	At AKING		
Date of last colour vision test if not tested at this examination  The applicant used aids to hearing to meet a satisfactory standard  Date of examination  (Day/month/year)  Name of Approved Medical Practitioner  Expiry date of Certificate  (day/month/year)  acknowledge that I have been advised on the content of the medical examination formulation that I have been advised on the content of the medical examination formulation for this Certificate is be given to the applicant. A copy is to be provided to TASAC for the approved Medical examiner (AME)  Seafarers Medical Examiner (AME)  Seafarers Medical Services (TASAC)	. The applicant used aids to vision to meet a satisfactor.		Ves	No	
Che applicant used aids to hearing to meet a satisfactory standard  Pace of examination  Pace					
Date of examination (Day/month/year)  Name of Approved Medical Practitioner  Expiry date of Certificate (day/month/year)  EDEN MEDICAL CLINIC acknowledge that I have been advised on the conten  Applicant's signature  Community Health Consultant P.O. Box 65202; Dar es Salaam MAVINO HOUSE, Azildwe Street Practitioner may retain a copy.  The Approved Medical Examiner (AME)  Seafarers Medical Services (TASAC)			V		
Name of Approved Medical Practitioner  Signature of Approved Medical Practitioner  Expiry date of Certificate  (day/month/year)  EDEN MEDICAL CLINIC  acknowledge that I have been advised on the content of the medical examination fraction.  Applicant's signature  Community Health Consultant  P.O. Box 65202; Dar es Salaam  MAVINO HOUSE, Azildwo Street  The original of this Certificate is be given to the applicant. A copy is to be provided to TASAC  Practitioner may retain a copy.  The Approved Medical  Seafarers Medical Examiner (AME)  Seafarers Medical Services (TASAC)	17 11 2022	DAR	NSSAI A	2 M	
Expiry date of Certificate (Cay/month/year)  Expiry date of Certificate (Cay/month/year)  EDEN MEDICAL CLINIC acknowledge that I have been advised on the content of the medical expire expirest configuration of the medical expire expirest configuration of the medical expire expirest configuration of the Consultant Proceedings of this Certificate is be given to the applicant. A copy is to be provided to TASAC fencial expirest medical examiner (AME)  Seafarers Medical Services (TASAC)	(Day/month/year)	TOTAL	· ATITA		
Expiry date of Certificate (6,11, 20)  acknowledge that I have been advised on the content of the medical examination from MED  Applicant's signature (Community Health Consultant Pro. Box 65202; Dar es Salaam MAVUNO HOUSE, Azildwe Street Practitioner may retain a copy.  The Approved Medical examiner (AME)  Seafarers Medical Services (TASAC)	Jame of Approved Medical Price CHAIL	Official S	tamp OIII	,	100
Applicant's signature	ignature of Approved Medical Practitioner.	ath	Kinjaha		-
Applicant's signature	xpiry date of Certificate 16.11, 20	104	1		
Applicant's signature Community Health Consultant  Processor Community Health Consultant  Applicant's signature Community Health Consultant  MAVUNO HOUSE, Azidwo Street  Practitioner may retain a copy.  The Approved Medical  Practitioner may retain a copy.  The Approved Medical  Practitioner Medical Examiner (AME)  Seafarers Medical Services (TASAC)	day/month/year)	2	EDEN MEDICAL CI	INIC	
The original of this Certificate is be given to the applicant. A copy is to be provided to TASAC. The Approved Medical Practitioner may retain a copy.  ### P.O. Box 65202; Dar es Salaam  ### MAVUNO HOUSE, Azikiwe Street  ### Centeral Physician  ### Aviation Medical Examiner (AME)  ### Seafarers Medical Services (TASAC)	^	All Divinity of Person	recommenteroferenado, A	IMED	SECOND TO SECOND
Practitioner may retain a copy.  • Aviation Medical Examiner (AME)  • Seafarers Medical Services (TASAC)	ppucam s signature	P.	0. Box 65202: Dar es Sa	laam (	
Aviation Medical Examiner (AME)     Seafarers Medical Services (TASAC)		licant A con	VUNO HOUSE, Azildwe v is to be provided to 1	ASAC. The	Approved Medical
	he original of this Certificate is be given to the app	Comment No.	and all and an art		
Please complete this questionnaire prior to attendance, but leave blank the answer to any question you do not understand.		Aviation M	edical Examiner (AME)		

### UNITED REPUBLIC OF TANZANIA



#### CERTIFICATE OF COVID-19 VACCINATION

Nyakilo Nsaga Shaban **Full Name** 

IVD00025856838 **Ref Number** 

TAE593688 **ID Number** 

Jun 5, 2000 Date of Birth

Vaccine Nam e	Batch Numb er	Doses Admin istered	Date of Vaccination	Center of Vaccination
Pfizer-BioNT ech	EW0185	1st Dose	Nov 9, 2022	MBEZI Health Center
Pfizer-BioNT ech	EW0185	2nd Dose	Dec 19, 2022	MBEZI Health Center
Janssen	218J21A	3rd Dose	Aug 22, 2023	MBEZI Health Center
Scan to	validate	E	SteFalado	
		IS	SUED BY : Dr. Seif Shekal	aghe

**Permanent Secretary** 

Please keep this card, it contains important information regarding the COVID-19 vaccine you h ave received .