

KWALE PHILIP



Contact Address: behind former bekes hotel bomadi overside bomadi, Delta state.

Tel: +234 9027569331 or +234 905 931 0213, **Email:** kwalephilip@gmail.com

PERSONAL DATA:

Date of Birth: April 12th, 1992

Marital Status: Married

Sex: Male

Religion: Christian

Nationality: Nigerian

State of Origin: Delta

Local. Govt. Origin: bomadi

Job Objective

- ❖ To contribute in skills and potential towards the growth of a dynamic company whose demand for efficiency, integrity and excellence.
- ❖ To perform optimally to help the organisation achieve their goals and objective.
- ❖ Seeking for a position that can offer new challenges and rewards simultaneously.
- ❖ Seeking for job where professional experience will be considered as an asset of an organization.

PERSONAL QUALIFICATION

- ❖ Good communication skill
- ❖ Ability to work under pressure
- ❖ Good team player and self motivated

EDUCATIONAL INSTITUTION ATTENDED WITH DATE

- | | |
|---|------------|
| ★ University of Cebu city Philippines | 2013- 2016 |
| ★ Community Secondary School Toru-Ndoro | 2006-2012 |
| ★ Taredumu primary school kalafiogbene | 1999-2004 |
| ★ Sea service testimonial | 2021-2022 |

ACADEMIC QUALIFICATIONS

- ★ *B.SC marine transportation* 2016
- ★ *Senior school certificate* 2012
- ★ *First school leaving certificate* 2004

PROFESSIONAL QUALIFICATIONS

Institute of chartered marine transportation of Cebu city, Philippines

OTHER CERTIFICATE OBTAINED STCW MANDATORY

- ★ Basic training
- ★ Personal survival techniques
- ★ Fire prevention and fire fighting
- ★ Elementary first aid
- ★ Personal safety and social Responsibility

EDUCATIONAL QUALIFICATION

- ★ Registration Status Number
- ★ Basic training for Oil and Chemical Tanker Cargo Operations
- ★ International Ship and Port Facilities (ISPS) Security Awareness
- ★ Seafarers Identity document
- ★ International Passport
- ★ Able Seafarers Deck II/5
- ★ Efficient Deck Hand
- ★ Medical certificate
- ★ Yellow card
- ★ Seafarers Registration
- ★ Seaman record book
- ★ Proficiency in survival craft and rescue boat (other than fast boats)

WORK EXPERIENCE

Ship Name	Ship Type	Rank	From Date	To Date
MT ST ILHAAM	Chemical Tanker	Deck cadet	19 May 2021	31 May 2022
MT VISHVAMATA	Oil Tanker	Able Seaman	02 September 2022	28 February 2023
HADASSAH -T2	Supply Vessel	Able Seaman	01 May 2023	30 July 2023
HADASSAH -T2	Supply Vessel	Able Seaman	04 September 2023	29 November 2023
SHEBA	Oil Tanker	Able Seaman	06 January 2024	20 June 2024

Hobbies

- Reading, meeting people and listening to music
- Swimming

REFEREES

Pastor kwale ambakederemor

08161546702 ,08059633791

Chief okubopade Joseph

07081463760

COVER LETTER

Dear sir/madam

I'm contacting regarding the position of able body seaman.that you have available..

Am highly competent deckman .with my years of experience along with my work ethic and team work capabilities....I believe I will be of great asset to you and your crew ,who specializes in rope work and painting, maintenance..as shown in my attached CV I have serve in many different positions that falls under the umbrella of a deck man ...

Regards

Kwale Philip

to all persons to whom these presents shall come

Greetings

Be it known that the Board of Trustees, by authority of the
Republic of the Philippines, and on recommendation of the Faculty, has conferred upon

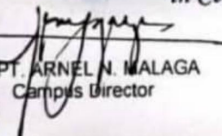
Philip Kwale

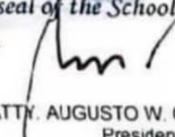
who has fulfilled all the requirements therefor, the degree of

BACHELOR OF SCIENCE IN MARINE TRANSPORTATION

with all the rights, honors, and privileges as well as the obligations and
responsibilities thereunto appertaining.

In testimony whereof, we have hereto subscribed our names and affixed the seal of the School
in Cebu City, Philippines, this 20th day of September, 2023.


APR. ARNEL N. MALAGA
Campus Director


ATTY. AUGUSTO W. GO, Ed. D.
President

S. O. (R-VII) No. 50-897201-0928 S. 2023
Dated: December 12, 2023

UC-METC-046863

**NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY
(NIMASA)**



CERT NO. **NAB.NAV.5240**

CERTIFICATE OF PROFICIENCY

This is to certify that **KWALE PHILIP** is qualified as **Able**
Seafarer deck in accordance with provisions of **Regulation II/5** of the
International Convention on Standards of Training, Certification and Watchkeeping for
Seafarers 1978 (STCW) and as amended

The holder of this certificate is entitled under the Merchant Shipping Act to serve in a ship
requiring certificate of that designation


The certificate of proficiency is subject to endorsements as to any additional requirement
in accordance with the above regulations

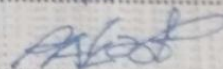


Photograph of holder of Certificate

Date of birth of Certificate holder: **12/04/1992**

Date of issue: **15/05/2024**

Signature of holder of Certificate: 

Signature of Authorized official: 
ENGR. PATRICK A. ELOBE

MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

16 Aladja Avenue, Off Enerhen Road, Effurun, Delta State Nigeria. Tell: +234-8021122189, 08054722786



MRT/PSCRB/3165/2024
Certificate Number

This is to certify that

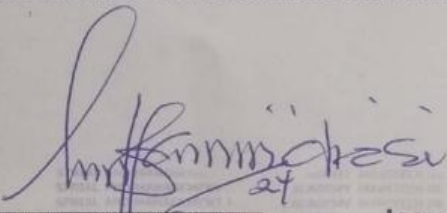
KWALE PHILIP

Has successfully completed an approved training in:


PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOATS OTHER THAN FAST RESCUE BOAT

This Course is in accordance with Section A-VI/2-1 of the International Convention on Standard of Training Certification and Watchkeeping for Seafarers, STCW 1978, including 2010 Manila Amendments.

This Certificate is issued under the Authority of the Nigerian Maritime Administration and Safety Agency (NIMASA)


Signature of Instructor

Issue Date
10/05/2024


Signature of Holder



Email: info@marimared.com | website: www.marimared.com

MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

Okorodudu Close off Odibo Avenue, off Effurun Sapele Road Enerhen, Delta State, Nigeria. Tell: +234-8021122189, 08054722786



MRT/EDH/2060/2024
Certificate Number

CERTIFICATE OF TRAINING

This is to certify that

KWALE PHILIP

Date of Birth: 12/04/1992

Has successfully completed

Efficient Deck Hand

Training Course at

Maritech Industrial and Management Training Academy



[Handwritten Signature]

Signature of Instructor



Issue Date
08/05/2024

[Handwritten Signature]

Signature of Holder



Email: info@marimared.com | website: www.marimared.com



FEDERAL REPUBLIC OF NIGERIA

226067

NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY

SEAFARER'S MEDICAL CERTIFICATE

(NIMASA)



ORIGINAL

This Certificate is issued by the Government of the Federal Republic of Nigeria in compliance with the requirement of Regulation 1.2 standard A 1.2 of the Maritime Labour Convention, 2006 (MLC '06), as amended and the International Convention on Standards for Training, Certification and Watch keeping for seafarers (STCW) 78 as amended.

Surname: KWALE	Given Names: PHILIP
Discharge Book No: SSID NO:	Passport No: A10894038
Date of Birth: 11/2/04	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
	Nationality: NIGERIAN

Department: (Tick relevant box)	Rank: _____
Deck <input checked="" type="checkbox"/> Engine <input type="checkbox"/> Catering <input type="checkbox"/>	
Other (specify): _____	

Declaration of the recognised doctor

ID checked at the point of examination	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hearing standards as in STCW A 1/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Visual acuity standards as in STCW A-1/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Unaided Hearing satisfactory	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Color vision standards as in STCW A-1/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there any limitation or restriction on fitness?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of last colour vision test (dd/mm/yy):		Please specify restriction.	

Visual Aids (tick if worn)
Spectacles <input type="checkbox"/> Contact lenses <input type="checkbox"/>

Restrictions	NO RESTRICTION
Duties:	
Location/Vessel:	
Medical/Others:	

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons onboard?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
--	---

I have examined the seafarer named above and have found him/her fit for seafaring as below

Medical Fitness Category (tick relevant box)
1. Fit-No Restriction <input checked="" type="checkbox"/> 2. Fit-subject to restrictions <input type="checkbox"/>

Fit for look-out duty	Deck	Engine	Steward/Others
Fit <input checked="" type="checkbox"/> Unfit <input type="checkbox"/>	Fit <input checked="" type="checkbox"/> Unfit <input type="checkbox"/>	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>

Date of Examination	Expiry Date of Certificate
05/06/2024	04/06/2026

Declaration by Seafarer

I have read and understood the notes overleaf and declare that all answers provided are to the best of my knowledge true. I agree that by withholding any information vital to this medical examination will lead to cancellation and withdrawal of this certificate.

Signature of Seafarer:

Name, Signature and Official stamp/seal of Approved Doctor:

Dr. Oluwuremi A. Oluwaseye**ABBEY MEDICAL CENTRE**
74 IDENI STREET,
CLODI LAGOS



FEDERAL REPUBLIC OF NIGERIA
NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY
SEAFARER'S MEDICAL CERTIFICATION APPLICATION FORM
UNDER REGULATION 1,2, STANDARD A1.2, OF MLC 2006

A. APPLICANT'S BIODATA

SURNAME: KWALE OTHER NAMES: PHILIP
DATE OF BIRTH: 12/4/92 AGE: 31 SEX: M NATIONALITY: NIGERIAN
DATE OF APPLICATION: 05/06/24 PLACE OF BIRTH: KALAFI OGBERE
Discharge Book NO.: _____ Company: _____ Vessel: _____
Address: Behind former Bekes Hotel Bonadi Delta
DEPT. OF SHIP: DECK ☒ ENGINE: ☐ CATERING: ☐ MASTER/MATE: ☐ OTHERS SPECIFY: _____

B. APPLICANT'S MEDICAL HISTORY (under guidance from a medical personnel)

Have you ever had

	YES	NO		YES	NO
(1.) Admission to hospital whatever reason at all in the past	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(16.) Sexually Transmitted Diseases (Gonorrhea, Syphilis, AIDS etc)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2.) Any surgical operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(17.) Any persistent Muscular weakness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3.) Any accident	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(18.) Loss of consciousness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4.) Any mental illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(19.) Pain in spine, Back or any Joint	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5.) Any convulsions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(20.) Balance problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6.) Any Ear or Hearing problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(21.) Anal pain or swelling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(7.) Any persistent Cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(22.) Restricted mobility	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(8.) Difficulty with breathing or breathlessness on mild exertion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(23.) Excessive thirst	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(9.) Palpitations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(24.) A sign-off as sick or a repatriation from a ship?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10.) High blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(25.) Excessive weight loss	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(11.) Chest pain at rest or on exertion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(26.) An unfit declaration for sea duty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(12.) Stomach pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(27.) Sugar in the Urine	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(13.) Any vomiting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(28.) Your medical certificate restricted or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(14.) Blood vomits or stool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(29.) To wear contact Lens or Glasses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(15.) Any problem passing urine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(30.) To be placed on any medication	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. IMMUNIZATION HISTORY (Have you been immunized before)

(A.) Tetanus ☒ YES ☐ NO IF YES DATE 1992 (B.) Typhoid Fever ☐ YES ☐ NO IF YES DATE _____ (C.) Cholera ☐ YES ☐ NO IF YES DATE _____ (D.) Meningitis ☐ YES ☐ NO IF YES DATE _____
(E.) Yellow Fever ☒ YES ☐ NO IF YES DATE 2009 (F.) Hepatitis ☐ YES ☐ NO IF YES DATE 1992 (G.) Tuberculosis ☒ YES ☐ NO IF YES DATE 1992

3. SOCIAL/FAMILY HISTORY

(A.) Do you smoke, Take Alcohol or use drugs? ☐ YES ☒ NO
(B.) has any member of your family or relative had mental illness, Epilepsy, Blood disorder, Heart trouble, Hypertension or any other disorder (e.g, Allergy etc.) ☐ YES ☒ NO
(C.) Do you have a medical or other condition not mentioned above? ☐ YES ☒ NO
(D.) Others _____

I, KWALE PHILIP declare that the information given above is correct to the best of my knowledge. I consent to the examining doctor to enclose my medical information on the Medical fitness Certificate for official purposes (To be signed only in the presence of examining doctor)

05/06/2024
Date

[Signature]
Name of Applicant

Signature of Applicant

021 00126

NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY



SEAFARER'S MEDICAL EXAMINATION

PHYSICIAN'S EXAMINATION REPORT FOR SEAFARERS

UNDER REGULATION 1,2, STANDARD A1.2, OF MLC 2006

Name: KWALE PHILIP
(Surname first)

Discharge Book No: NOG1322

APPEARANCE

GENERAL EXAMINATION

Weight: 65.3kg Height: 5'6" Gait: ☒ Normal ☐ Abnormal
Temperature: 35.3° Blood Pressure: 120/60 Pulse Rate: 72 bpm Pailor: read
Lymph Nodes: ☐ Palpable ☒ Impalpable If palpable, state region/location

SYSTEMIC EXAMINATION

	Normal	Abnormal
(1.) Central Nervous System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2.) Cardiovascular System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3.) Respiratory System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4.) Gastrointestinal System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5.) Hernial Orifices	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(6.) Endocrine System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7.) Locomotor System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(8.) Orodental	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(9.) Skin (Including Varicosities)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(10.) Ear, Nose & Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(3.) Eyesight

	RT	LT
Visual Acuity		
Without glasses	<u>6/6</u>	<u>6/6</u>
With glasses	<u>6/-</u>	<u>6/-</u>
Colour Vision	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

(1.) Blood Group & Genotype O+ve AA
(2.) Full blood count 5400 /cm³
(3.) VDRL ☒ Negative ☐ Positive
(4.) HIV ☒ Negative ☐ Positive
(5.) Hepatitis B Antigen ☒ Negative ☐ Positive
(6.) Widal (for Catering Dept) read
(7.) Urinalysis read
(8.) Chest X-Ray with Report ☒ Normal ☐ Abnormal
(9.) Electrocardiogram ☒ Normal ☐ Abnormal

OTHER EXAMINATIONS

	Normal	Abnormal
(1.) Speech (Voice Communication)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2.) Hearing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Audiometry	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Dr. Oluwumi A. Oluwaniyi
Physician's Name

[Signature]
Physician's Signature & Stamp

74 Idumu St Oshodi Lagos
Physician's Address/Telephone No.
08055159460

REBEY MEDICAL CENTRE
74 IDEWU STREET
OSHO DI LAGOS

MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

16 Aladja Avenue, Off Enerhen Road, Effurun, Delta State Nigeria. Tell: +234-8021122189, 08054722786



MRT/ISPS-AW/1602/2021
Certificate Number

Certificate of Proficiency In Security Awareness

This is to certify that

KWALE PHILIP

Date of Birth: 12/04/1992

Has successfully completed an approved training in:

Security Awareness

Regulation VI/6 and Section A-VI/6, Paragraph 4

of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, STCW 1978 as amended in 2010.

This certificate is issued under the Authority of the Nigerian Maritime Administration and Safety Agency (NIMASA).

Signature of Instructor



Issue Date

04/05/2021



Signature of Holder



Email: info@marimared.com | website: www.marimared.com

MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

16 Aladja Avenue, Off Enerhen Road, Effurun, Delta State Nigeria. Tell: +234-8021122189, 08054722786



MRT/MAN/2539/2021
Certificate Number

STCW Basic Safety Training

This is to certify that

KWALE PHILIP

Date of Birth: 12/04/1992

Has successfully completed an approved training in:

Basic Safety Training

Personal Survival Techniques

Fire Prevention & Fighting

Elementary First Aid

Personal Safety & Social Responsibilities

Regulation VI/1 and Section A-VI/1, Paragraph 2.1.1


Regulation VI/1 and Section A-VI/1, Paragraph 2.1.2

Regulation VI/1 and Section A-VI/1, Paragraph 2.1.3


Regulation VI/1 and Section A-VI/1, Paragraph 2.1.4

of the International Convention on Standards of Training, Certificate and Watchkeeping for Seafarers, STCW 1978 as amended in 2010.

This certificate is issued under the Authority of the Nigerian Maritime Administration and Safety Agency (NIMASA).


Signature of Instructor

Issue Date
07/05/2021


Signature of Holder



Email: info@marimared.com | website: www.marimared.com



Behind Former Bekes,
Hotel Bomadi Overside,
Bomadi,
Delta State.
2nd March, 2023.

The Head,
Maritime Labour Services,
NIMASA.
N.P.A New Port Gate,
Warri -Delta State.

Dear Sir,

APPLICATION FOR MY SEAFARER'S REGISTRATION STATUS / NUMBER

I, **KWALE PHILIP**, of the above address wish to request for the registration status / number as seafarer (**ABLE SEAMAN**) under the Nigerian Maritime Administration and Safety Agency (NIMASA).

Attached are my credentials for your perusal:

- | | |
|-----------------------|------------------------------|
| 1. Discharge Book No: | N-061322 |
| 2. Date of Birth: | 12 th April, 1992 |
| 3. Rank: | ABLE SEAMAN |
| 4. C.O.C Number: | _____ |
| 5. Regulation: | _____ |

Yours faithfully,

KWALE PHILIP
09027569331
kwalephilip@gmail.com

MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

16 Aladja Avenue, Off Enerhen Road, Effurun, Delta State Nigeria. Tell: +234-8021122189, 08054722786



MRT/OTF/1294/2021
Certificate Number

Certificate of Proficiency in Oil and Chemical Tanker Cargo Operations (BASIC)

This is to certify that

KWALE PHILIP

Date of Birth: 12/04/1992

Has successfully completed an approved training in:

Basic Training for Oil and Chemical Tanker Cargo Operations

of the International Convention on Standards of Training, Certificate and Watchkeeping for Seafarers, STCW
1978 as amended in 2010.

This certificate is issued under the Authority of the Nigerian Maritime Administration and Safety Agency (NIMASA).

Signature of Instructor



Issue Date
07/05/2021



Signature of Holder



Email: info@marimared.com | website: www.marimared.com

INTERNATIONAL CERTIFICATE OF
 This is to certify that (name) KWALE PHILIP
 Nationality NIGERIAN
 whose signature follows [Signature]
 against: (name of disease or condition) YLF

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician
<u>YELLOW FEVER</u>	<u>7th OCT 2019</u>	<u>[Signature]</u> PORT HEALTH OFFICER FMOH, NIGERIA CODE: 11/02

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

4

VACCINATION OR PROPHYLAXIS

Date of birth 12th April 92 Sex MALE
 National Identification document, if applicable.....
 Has on the date indicated been vaccinated or received prophylaxis
 In accordance with the International Health Regulations.

Manufacturer and batch No. of vaccine or prophylaxis	Certificate valid from until	Official stamp of administering centre
<u>CHIMIAV</u> <u>Lot 529</u> <u>0.5ml for Life</u>	<u>17 Oct 2019</u> <u>EXPIRES</u> <u>VACCINE</u> <u>VALID</u> <u>for Life</u>	<u>2019</u> <u>[Official Stamp]</u>

Any amendment of this certificate, or erasure or failure to complete any part of it, may render it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. They certificate may also be completed in another language on the same document, in addition to either English or French.

5

A214897

OTHER VACCINATIONS - AUTRES VACCINATIONS

Date	Nature of vaccine Genre de vaccin	Dose	Physician's Signature Signature de medecin	Official Signature Function Official	Stamp
<u>7th OCT 2019</u>	<u>O.P.V</u> <u>180 8 p 40</u> <u>INDIAN SERUM</u>	<u>2 DROPS</u>	<u>[Signature]</u>	PORT HEALTH OFFICER FMOH, NIGERIA CODE: 11/02	<u>[Official Stamp]</u>
<u>27th JULY 2021</u>	<u>ORY</u> <u>180 P158</u>	<u>2 DROPS</u>	<u>[Signature]</u>	PORT HEALTH OFFICER FMOH NIGERIA CODE: 25/01	<u>[Official Stamp]</u>

6

7

BOOK NO:



SURNAME

KWALE

OTHER NAMES

PHILIP

DATE OF BIRTH

12 04 92

PLACE OF BIRTH

KALEFIOGBENE LAGOS

NATIONALITY

NIGERIAN

SEX

M

DATE OF ISSUE

26 03 19

PLACE OF ISSUE

EXPIRY DATE

25 03 24

SID NO.

DISTINGUISHING MARKS

COMPUTERIZED



RECORD OF SEAFARER'S SEAGOING SERVICE

Name of Vessel, Gross Tonnage or Propulsion Power, IMO number, Type	Date and Place of Engagement	Date and Place of Discharge
MT ST ILHAAM CALL SIGN : 50AQ2 OFFICIAL NO : 378004 KW : 11060 GRT : 25487 NRT : 9528 DWT : 28140	19-05-2021 LAGOS	31-05-2022 LAGOS
MT VISHVAMATI IMO NO: 9175224 GT: 4606 NT: 2036 PORT OF REG: LAGOS	02-04-22 AGGE	28-02-23 AGGE
OFF NO: 329894 GRT/NRT: 1333/399 PORT OF REG: LAGOS	01-05-23 NIWA JETTY WARRI	30-07-23 NIWA JETTY WARRI

* Insert KW/BHP for engine room workers, for others insert gross tonnage
* Insert FGN for International Voyage, NCV for Near Coastal Voyage

RECORD OF SEAFARER'S SEAGOING SERVICE

Grade (Rank)	Voyage Description	1. Ship's Stamp and Signature of Master 2. Signature and Official Stamp of Shipping Master
DECK CADET	F.G.	1. Master 2. Shipping Master
A/B	NCV	
A/B	NCV	

* Insert KW/BHP for engine room workers, for others insert gross tonnage
* Insert FGN for International Voyage, NCV for Near Coastal Voyage

RECORD OF SEAFARER'S SEAGOING SERVICE

Name of Vessel, Gross Tonnage or Propulsion Power, IMO number, Type	Date and Place of Engagement	Date and Place of Discharge
OFF NO: 329894 GRT/NRT: 1333/399 PORT OF REG: LAGOS	04-09-23 NIWA JETTY WARRI	29-11-23 NIWA JETTY WARRI
MT SHEBA OFF NO : 9514237 CALL SIGN : 5 OAH GRT : 4568 NRT : 1671 BHP : 3850	06-01-24 LAGOS	20-06-24 LAGOS

* Insert KW/BHP for engine room workers, for others insert gross tonnage
* Insert FGN for International Voyage, NCV for Near Coastal Voyage

RECORD OF SEAFARER'S SEAGOING SERVICE

Grade (Rank)	Voyage Description	1. Ship's Stamp and Signature of Master 2. Signature and Official Stamp of Shipping Master
A/B	NCV	1. Master 2. Shipping Master
AB	NCV	

* Insert KW/BHP for engine room workers, for others insert gross tonnage
* Insert FGN for International Voyage, NCV for Near Coastal Voyage

RENEWALS

THIS IS TO CERTIFY THAT THIS SEAFERER IDENTIFICATION
AND RECORD BOOK BELONGING TO

KWALE PHILIP

HAS BEEN RENEWED TILL 15-04-2029

BOOK NO. N061322

PLACE WARRI

UDD, CYPRUS

NAME OF SHIPPING
SUPERINTENDENT

NAME OF DULY
AUTHORIZED OFFICIAL

SIGNATURE OF SHIPPING
SUPERINTENDENT

SIGNATURE OF DULY
AUTHORIZED OFFICIAL

* IN THE ABSENCE OF THE SUPERINTENDENT, A DULY AUTHORIZED OFFICIAL SHOULD MAKE THE REQUIRED ENTRY

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RENEWALS

THIS IS TO CERTIFY THAT THIS SEAFERER IDENTIFICATION
AND RECORD BOOK BELONGING TO

HAS BEEN RENEWED TILL _____

BOOK NO. _____ SID _____

PLACE _____

NAME OF SHIPPING
SUPERINTENDENT

NAME OF DULY
AUTHORIZED OFFICIAL

SIGNATURE OF SHIPPING
SUPERINTENDENT

SIGNATURE OF DULY
AUTHORIZED OFFICIAL

* IN THE ABSENCE OF THE SUPERINTENDENT, A DULY AUTHORIZED OFFICIAL SHOULD MAKE THE REQUIRED ENTRY

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