

<b>CURRICULUM VITAE</b>			<b>Date of Join</b>	<b>/ /</b>
Name	SAID CHAMOSI HAMISI	Rank	OS	
Date Of Birth	08/08/2003	Place of Birth	MOMBASA, KENYA	
Marital Status	SINGLE	Nationality	KENYAN	
Religion	ISLAM	Blood Group	O+	
E-mail	<a href="mailto:chamosisaid404@gmail.com">chamosisaid404@gmail.com</a>	PPE Size	LARGE	
Home Tel. No		Mobile No.	+254798216284	
Home Address	MOMBASA, KENYA			
<b>NEXT OF KIN (NOK) e.g Wife</b>				
Name	MISHI SAID HAMISI	Relationship	AUNT	
Address				
	MOMBASA, KENYA	Tel. No	+254707600336	
Father's Name	CHAMOSI HAMISI	Mother's Name	MWANAMKUU SAID	
<b>TRAVELLING DOCUMENT</b>	<b>NUMBER</b>	<b>DATE OF ISSUE</b>	<b>DATE OF EXPIRY</b>	<b>PLACE OF ISSUE</b>
Passport	BK452592	27/04/2023	26/04/2033	MOMBASA, KENYA
Seaman Book	0007054	20/02/2023	19/02/2028	MOMBASA KENYA
<b>CERTIFICATE OF COMPETENCY</b>		<b>CAPACITY</b>	<b>DATE OF ISSUE</b>	<b>DATE OF EXPIRY</b>
Certificate of Competency (Home Country)				
Certificate of Endorsement (Home Country)				
General Operator Certificate (GOC) (Home Country)				
COE - MPA				
COE - IDA				
COE - Marshall Islands				
COE - St. Kitts & Nevis				
<b>NO</b>	<b>SAFETY AND SKILL TRAINING CERTIFICATES</b>	<b>DATE OF ISSUE</b>	<b>DATE OF EXPIRY</b>	
1	Basic Safety Training	06/02/2023	N/A	

2	Personal Survival Techniques	06/02/2023	18/01/2028
3	Fire Prevention and Fire Fighting	06/02/2023	18/01/2028
4	Elementary First Aid	06/02/2023	N/A
5	Personal Safety and Social Responsibilities	06/02/2023	N/A
6	Proficiency in Fast Rescue Boat		
7	Advance Firefighting		
8	Medical First Aid		
9	Medical Fitness	04/01/2023	03/01/2025
10	Automatic Radar Plotting		
11	Radar Observation		
12	Tanker Familiarization Course		
15	Proficiency in Survival Craft and Rescue Boats		
16	Ship Security Officer (SSO) / STSDSD		
17	International Ship Management Code (ISM)		
18	Security Awareness Training (SAT)	06/02/2023	N/A
19	Able Seafarers Deck		
20	ARPA Simulator		
21	RADAR Simulator		
22	Security Training For Seafarers with Designated Security Duties		
23	Rating forming part of navigation watch		
24	Basic H2S Training		
25	Other Trainings: DP Advanced course		

SEA EXPERIENCES(datefrom earliest to latest)							
No.	NAME OF VESSEL	RANK	VESSEL TYPE	GRT / HP	COMPANY	Period Onboard	
						From	To
1	AYLAH 1	OS	TUG BOAT	399	ALPHA LOGISTICS SERVICES	13/12/2023	17/07/2024
2	ALPHA KIRAWIRA	OS	L.C. T	1274	ALPHA LOGISTICS SERVICES	01/03/2023	01/10/2023
3							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							

24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
I hereby declare that the above particulars are true and I authorize you to contact the referees listed above								
I confirm that All my Certificates/Licences are Authentic; Seaservice records are accurate and true							Signature:	

No. 0012391



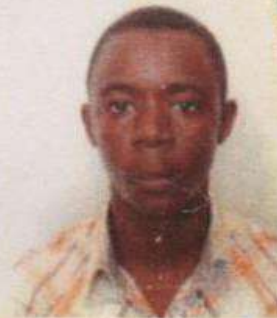
REPUBLIC OF KENYA

MERCHANT SHIPPING ACT (CAP 389)  
*Merchant Shipping (Training and Certification) Regulations 2016*

**Certificate of Proficiency**  
**BASIC SAFETY TRAINING FOR SEAFARERS**

The Government of the Republic of Kenya certifies that,

Name	SAID CHAMOSI HAMISI
Passport/ Id. No	40460493
Country of Birth	KENYA
Date of Birth	08 AUGUST 2003
Signature of holder	



has been found duly qualified in

Training	STCW Code	Date of Expiry
Personal Survival Techniques	Table A-VI/1-1	18 January 2028
Fire Prevention and Fire Fighting	Table A-VI/1-2	18 January 2028
Elementary First Aid	Table A-VI/1-3	N/A
Personal Safety and Social Responsibility	Table A-VI/1-4	N/A

conducted in accordance with the provisions of **Regulation VI/1** of the International Convention on Standards of Training, Certification and Watch keeping for Seafarers, 1978, as amended and has also met the criteria applicable to the issue of this certificate.

Date of issue: 6 FEBRUARY 2023

Signature:   
Name: Fredrick Luke Samba

Certificate No: BST 5211

*Head of Seafarers' Training, Examination and Certification*

*This certificate must be kept available in its original form on board the ship on which the holder is serving in accordance with Regulation 1/2 paragraph 11 of STCW, 1978 as amended.*

*Any person other than the holder who may come into possession of this document is kindly requested to send it to Kenya Maritime Authority, P.O Box 95076-80104 Mombasa, Kenya. The authenticity of this document may be verified at the website address: [www.kma.go.ke](http://www.kma.go.ke) or by making an inquiry to the above address*



No. 0012401



REPUBLIC OF KENYA

MERCHANT SHIPPING ACT (CAP 389)  
*Merchant Shipping (Training and Certification) Regulations 2016*

**Certificate of Proficiency**

**SECURITY AWARENESS TRAINING FOR SEAFARERS**

The Government of the Republic of Kenya certifies that;

Name SAID CHAMOSI HAMISI  
Passport/ Id. No 40460493  
Country of Birth KENYA  
Date of Birth 08 AUGUST 2003  
Signature of holder



Has been found duly qualified in accordance with the provisions of

**Regulation VI/6 para. 1**

Of the International Convention on Standards of Training, Certification and Watch keeping for Seafarers, 1978, as amended and has also met the criteria applicable to the issue of this certificate.

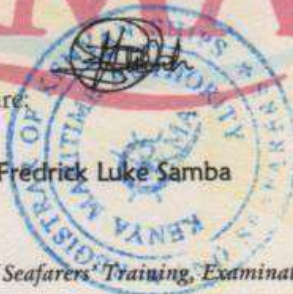
Date of issue: 6 FEBRUARY 2023

Signature:

Name Fredrick Luke Samba

Certificate No: SAT 5403

Head of Seafarers' Training, Examination and Certification



*This certificate must be kept available in its original form on board the ship on which the holder is serving in accordance with Regulation I/2 paragraph 11 of STCW, 1978 as amended*

*Any person other than the holder who may come into possession of this document is kindly requested to send it to Kenya Maritime Authority, P.O. Box 95076-80104 Mombasa, Kenya. The authenticity of this document may be verified at the website address: [www.kma.go.ke](http://www.kma.go.ke) or by making an inquiry to the above address*





0007054

**Republic of Kenya**

**SEAFARER'S CONTINUOUS DISCHARGE  
CERTIFICATE (CDC)  
AND  
RECORD BOOK**

**CDC No. 0007054**

(Issued in accordance with the  
Merchant Shipping Act, *Cap. 389*)

CDC No. 0007054

### IMPORTANT

1. This book is issued by the Registrar of Seafarers, Kenya Maritime Authority on production of valid basic safety training for Seafarer's Certificates, issued in accordance with STCW 1978, as amended.
2. Should this CDC be lost, a report should be filed with the police and on production of a police abstract, consideration will be made for issuance of a new book.
3. If the CDC has been lost by any other cause other than shipwreck or fire on board, charges will be made for issuance of a new book.
4. MERCHANT SHIPPING ACT, 2009. SECTION 126(3)

Every person who:

- (a) Makes a false report of character under this Act knowing the same to be false;
- (b) Forges or fraudulently alters any certificate of discharge or report of character or copy of report of character;
- (c) Fraudulently uses any certificate of discharge or report of character, or copy of a report of character which is forged or altered or does not belong to him;

Shall be liable of conviction to a fine not exceeding one hundred thousand shillings or imprisonment for a term not exceeding six (6) months or both.

### NOTICE

1. This CDC may be issued only to a person who is a citizen of the Republic of Kenya and who is employed or engaged or ordinarily employed in the sea going employment.
2. Only Registrar of Seafares or other duly authorized person may make entry or alteration in this book.

### DECLARATION

I DECLARE (1) that the person whom this book is issued has satisfied me that he/she is a citizen of Kenya and is entitled to hold the book; and (2) that the signature and personal description of that person are true.

ASSISTANT REGISTRAR OF SEAFARERS  
*Signature of Issuing Officer*  
33 MAR 2023  
KENYA MARITIME AUTHORITY  
*Designation of Issuing Officer*  
P. O. Box 95076 - 80104  
MOMBASA - KENYA

Official Stamp



## PERSONAL DETAILS



Surname:	HAMISI		
Other name(s):	SAID CHAMOSI		
Nationality:	KENYAN	Place of Birth/County:	MALINDI
Date of Birth:	08 AUGUST 2003		
Height (Mtrs):	1.76	Gender:	MALE
ID/Passport no:	40460493	CDC No:	7054
Next of Kin:	Name:	MWANASITI ABDALLA	
	Relationship:	GRAND MOTHER	
Address/ Contact details:	0793939601		
Date of Issue:	20 FEBRUARY 2023		
Date of Expiry:	19 FEBRUARY 2028		
Signature of holder:			

Issued by Kenya Maritime Authority

# Page Intentionally Left Blank



CDC No.  
0007054

SEAGOING SERVICE RECORD

	POSITION	SHIP'S NAME AND DETAILS	DATE AND PLACE OF ENGAGEMENT
1.	RANK: ORDINARY SEAMAN STCW REF.:	NAME: KIRAWIRA TYPE: LCT IMO No. 9563897 GT: 1274 KW: 2X640	01/03/2023 MOMBASA
2.	RANK: ORDINARY SEAMAN STCW REF.:	NAME: AYLAH-1 TYPE: TUG BOAT IMO No. 9683166 GT: 399 KW: 2X1606HP	13/12/2023 MOMBASA
3.	RANK: STCW REF.:	NAME: TYPE: IMO No. _____ GT: _____ KW: _____	

SEAGOING SERVICE RECORD

DATE AND PLACE OF DISCHARGE	DESCRIPTION OF VOYAGE FOREIGN/COASTAL/INLAND	Signature of Master or Registrar of Seafarers
01/10/2023 MOMBASA	IMO No. 9563897 GRT: 1274 NRT: 6707	
17/07/2024 MOMBASA	AYLAH IMO NO: 9683166 GRT: 399T NRT: 119T	





Certificate No: 10637

REPUBLIC OF KENYA

## SEAFARER MEDICAL CERTIFICATE

Issued under Regulation 6 of the Merchant Shipping (Seafarer Medical and Examinations) Regulations, 2016

## SEAFARER INFORMATION

Last name: <u>HAMISI</u>	First name: <u>SAID</u>	Middle name(s): <u>CHAMOSI</u>
Nationality: <u>KENYAN</u>	Passport No: <u>40460493</u>	Date of Birth: <u>08/08/2008</u>
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Rank/Job:	Discharge book No:
Department:		

This is to certify that above named seafarer has been examined in accordance with the Seafarers' medical fitness standards and certification requirements established in accordance with the provisions of the STCW Convention, 1978 as amended, regulation I/9 and Maritime Labour Convention 2006, regulation 1.2 found to be fit for sea service, subject to any limitations indicated

## DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER

	Yes	No												
1. Confirmation that identification documents were checked at the point of examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
2. Hearing meets the standards in STCW Code Section A-I/9? Date of test (dd/mm/yyyy): <u>04/01/2023</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
3. Unaided hearing satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
4. Visual acuity meets standards in section A-I/9? Visual aids (if worn) <input type="checkbox"/> Spectacles <input type="checkbox"/> Contact lenses <input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
5. Colour vision meets standards in section A-I/9? Date of last color vision test: <u>04/01/2023</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
6. Fit for look-out duties? (Deck and Engine Dept. only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
7. Limitations or restrictions on fitness?	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
If "Yes", specify limitations or restrictions: <u>mlb</u>														
Examination form No:														
8. 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 on board?	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Date of Issue (dd/mm/yyyy): <u>04/01/2023</u>	Date of Expiry* (dd/mm/yyyy): <u>3/1/2025</u>													
<table border="1"> <thead> <tr> <th>RECOGNIZED MEDICAL PRACTITIONER</th> <th>REGISTRAR OF KENYAN SEAFARERS</th> </tr> </thead> <tbody> <tr> <td>Sign: <u>[Signature]</u></td> <td>Sign: <u>[Signature]</u></td> </tr> <tr> <td>Name (print): <u>DR. KARUME M.O. mmed (UON)</u></td> <td>Name (print): <u>SAMBA F. LUKO</u></td> </tr> <tr> <td>Place of examination: <u>P.O. Box 97921, 80112, MOMBASA</u></td> <td>Place of issue: <u>MOMBASA</u></td> </tr> <tr> <td>Seal/Stamp: <u>Mob: 0722 632 739 / 0733 516 371</u></td> <td>Seal/Stamp: <u>05 DEC 2022</u></td> </tr> <tr> <td></td> <td><u>P. O. Box 95076 - 80104, MOMBASA, KENYA.</u></td> </tr> </tbody> </table>			RECOGNIZED MEDICAL PRACTITIONER	REGISTRAR OF KENYAN SEAFARERS	Sign: <u>[Signature]</u>	Sign: <u>[Signature]</u>	Name (print): <u>DR. KARUME M.O. mmed (UON)</u>	Name (print): <u>SAMBA F. LUKO</u>	Place of examination: <u>P.O. Box 97921, 80112, MOMBASA</u>	Place of issue: <u>MOMBASA</u>	Seal/Stamp: <u>Mob: 0722 632 739 / 0733 516 371</u>	Seal/Stamp: <u>05 DEC 2022</u>		<u>P. O. Box 95076 - 80104, MOMBASA, KENYA.</u>
RECOGNIZED MEDICAL PRACTITIONER	REGISTRAR OF KENYAN SEAFARERS													
Sign: <u>[Signature]</u>	Sign: <u>[Signature]</u>													
Name (print): <u>DR. KARUME M.O. mmed (UON)</u>	Name (print): <u>SAMBA F. LUKO</u>													
Place of examination: <u>P.O. Box 97921, 80112, MOMBASA</u>	Place of issue: <u>MOMBASA</u>													
Seal/Stamp: <u>Mob: 0722 632 739 / 0733 516 371</u>	Seal/Stamp: <u>05 DEC 2022</u>													
	<u>P. O. Box 95076 - 80104, MOMBASA, KENYA.</u>													

**SEAFARER'S DECLARATION:** I hereby confirm that I have been informed about the content of this certificate and my right to appeal in accordance with the Merchant Shipping (Seafarer Medical and Eyesight) Regulations, 2016.

Signature of the seafarer: [Signature] \*Valid for a maximum period of two years unless the seafarer is under the age of 18, in which case the maximum period of validity shall be one year.



## NATIONAL POLICE SERVICE



## DIRECTORATE OF CRIMINAL INVESTIGATIONS

## DIRECTORATE OF CRIMINAL INVESTIGATIONS HEADQUARTERS

P.O.Box 30036-00100 GPO  
NAIROBI, KENYA

Ref. No. PCC-30T5896L

Date: 18 December 2023

## POLICE CLEARANCE CERTIFICATE

*I hereby certify that the fingerprints recorded from***SAID CHAMOSI HAMISI**

*holder of ID No. **40460493** have been searched in Criminal Records Office's database with/without previous record. The validity of the information on this certificate is as of the date of issue.*

**REMARKS IN CASE OF PREVIOUS RECORD****OFFENCE(S): NIL****RESULTS OF TRIAL: NIL****DATE: NIL*****This Certificate has been issued without any alteration or any erasure*****(W.N KIRAI)*****For: Director, Directorate of Criminal Investigations***  
***(P.T.O)***

**NOTE:** This is a computer generated certificate, to verify the authenticity of this document,  
use the link <https://dci.ecitizen.go.ke/verify>,  
send DCI to 21546 Then Dial \*512# and select "Police Clearance"

## Covid-19 Vaccination Certificate

REPUBLIC OF KENYA



MINISTRY OF HEALTH

This is to certify that **Said Chamosi Hamisi**, born on **Fri Aug 08 2003**, from **Kenya** with **National Id 40460493** has been vaccinated against **Covid 19** on the date indicated in accordance with the National Health Regulations.

Vaccine	Dose	Date Administered	Batch No
Janssen (Ad26.COV2-S)	1	Thu Jul 06 2023	ACB6959

Scan To Verify



This document is system generated and therefore does not require a signature.

You may confirm this certificate by scanning the QR code.



BK452592&lt;6KEN0308083M330426040460493&lt;&lt;&lt;&lt;&lt;00