



KENYA MARITIME AUTHORITY

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

EZRA KIPKOECH TOOH

Passport/ Id. No

CK43489

Country of Birth

KENYA

Date of Birth

02 DECEMBER 1994

Signature of holder





has been found duly qualified in

Training	STCW Code	Date of Expiry
Personal Survival Techniques	Table A-VI/1-1	17 September 2028
Fire Prevention and Fire Fighting	Table A-VI/1-2	17 September 2028
Elementary First Aid	Table A-VI/1-3	N/A
Personal Safety and Social Responsibility	Table A-VI/1-4	N/A

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: 25 SEPTEMBER 2023

Signature:

Name: Fredrick Luke Samba

Certificate No: BST 7860

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 authoritity of this document may be verified at the website address: www.kma go.ke or by making an inquiry to the above address.





KENYA MARITIME AUTHORITY

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

EZRA KIPKOECH TOOH

Passport/ Id. No

CK43489

Country of Birth

KENYA

Date of Birth

02 DECEMBER 1994

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:25 SEPTEMBER 2023

Certificate No: SAT 8037

Signature S

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





MERCHANT SHIPPING ACT (CAP 389)

Merchant Shipping (Training and Certification) Regulations 2016

Certificate of Proficiency as Rating

RATING FORMING PART OF A NAVIGATIONAL WATCH

The Government of the Republic of Kenya certifies that;

Name

EZRA KIPKOECH TOOH

Passport/ Id. No

CK43489

Country of Birth

KENYA

Date of Birth

02 DECEMBER 1994

Signature of holder



has been found duly qualified in accordance with the provisions of Regulation II/4

of the International Convention on Standards of Training, Certification and Watch keeping for Seafarers, 1978, as amended and competent to perform the following function at the support level;

S/No		FUNCTION	
1.	Navigation		

Date of issue:8 November 2022

Signature

Name: Fredrick Luke Samba

Certificate No: DR 00128

Head of Seafarers' Training, Examination and Certification

This certificate in its original certificate must be kept on board the ship 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





MERCHANT SHIPPING ACT (CAP 389)

Merchant Shipping (Training and Certification) Regulations 2016

Certificate of Proficiency

SURVIVAL CRAFT AND RESCUE BOATS OTHER THAN FAST RESCUE BOATS

The Government of the Republic of Kenya certifies that;

Name

:EZRA KIPKOECH TOOH

Passport/ Id. No

:CK43489

Country of Birth

:KENYA

Dare of Birth

:2 December 1994

Signature of holder



has been found duly qualified in accordance with the provisions of

Regulation VI/2 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: 11 November 2022

Signat

Date of expiry: 11 November 2027

Certificate No: PSCRB 0050

Signature: Name: Fredrick Luke Samba

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

Any person other than the nolder who may come into possession of this document is kindly requested to send it to Kenya Maritime Authority. P.O. Box 95076-80104 Mombass.

Kenya The authority of this document may be verified at the website address: www.kma.go.ke or by making an inquiry to the above address.

DESCRIPTION / MAELEZO / DESCRIPTION

Bearer / Mwenve Pasi / Titulaire

EZRA KIPKOECH TOOH

Place of Residence / Mahali aishipo / kieu de Résidence

ENTEMOTO-ONGATA RONGAL, OLE KASASI

Height / Urefu / Hauteur

5'8" film 1.73 m/cm

Colour of Eyes / Rangi va Macho / Couleur des Yeux

DARK BROWN

Special Peculiarities / Alama yoyote isiyo ya kawaida / Particularités Spéciales

NONE

Signature of Holder / Sahihi ya Mwenye Pasi /

Signature du Titulaire

Signature of Passport Officer / Sahihi ya Afisa wa Pasi / Signature de l'Agent des Passeports

REPUBLIC OF KENYA / JAMHURI YA KENYA / REPUBLIQUE DE KENYA



PASSPORT/PASI/PASSEPORT

Type/Aina/Type Country Code/Nambari ya Nchi/Code du Pays Passport No Nambari ya Pasi/No de Passepart

Sumamedina la Ukoo/Nom

CK43489



Given Names/Majina Aliyopewa/Prénoms

EZRA KIPKOECH

Nationality/Utaifa/Nationalité

KENYAN

Date of Birth/Tarche ya Kuzaliwa/Date de Naissance

Personal No Nambari ya Kibinafsi/No Personnel

02 DEC 1994

1018584

Sex. Jinsia Seze Place of Birth Mahali pa Kuzuliwa Lieu de Navesance

NANDI CENTRAL, KEN

Date of Issue/Turche ya Kutolewa/Date de Délivrance

22 AUG 2019

Date of Expiry/Turehe va Mwisho/Date d'Expiration

21 AUG 2029

Issuing Authority/Mamlaka ya kutoa Parishutorite

GOVERNMENT OF KENYA

Holder's Signature/Sahihi ya Mwenye Pasi: Signature du Tinduire

TATEL

P<KENTOOH<<EZRA<KIPKOECH<<<<<<<<<<< CK43489<<2KEN9412022M290821433493557<<<<<78



Republic of Kenya

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

CDC No. 002005

(Issued in Accordance with Section 125 of the Merchant Shipping Act, 2009) Date renewed O3 110 12023

Date of expiry 02 110 2028

Signature of Issuing Officer

Designation of Issuing Officer

Officeral Stamp

CERTIFICATE OF COMPETENCY

CERTI	FICALE	THE RESIDENCE OF THE PARTY OF T
NUMBER	GRADE	- DATE OF ISSUE
0	THER QUALIFIC	CATIONS:
A.B. CER	RTIFICATE, COO	K CERTIFICATE,

LIFEBOAT CERTIFICATE, ETC.

PSCRB 0050 DR 00128

(P.I.N.):

National Social Insurance Fund No.

National Hospital Insurance Fund No.

Union No.



	SEAC	GOING SERVICE RECORD			SEAGOING SE	ERVICE RECORD
	POSITION	SHIP'S NAME AND DETAILS	DATE AND ENGAGEMENT	PLACE OF DISCHARGE	DESCRIPTION OF VOYAGE 1. FOREIGN	Signature of Master or Registrar of Seafarers
4	RANK: TRICS STCW REF: RANK: OS STCW REF:	NAME: TYPE: M.V. MSC MARIA LAURA MOTOR PRIVATE No. IMO NO 8616520 OFF NO. : 27631-01-0 GRT 35389 GT PRIVATE AV433 BHP : 28565,38 CAL SIGN F 1359 NAME: TYPE A DNOC	21.02.2022 25 26 Mombasa	19.10.2022 10.00HB0	FOREIG Bale	DNOC 513
5	RANK: STCW REF:	IMO GRT: 1197 NRT GRT: 1197 NRT GRT: 1197 NRT KW: NAME: TYPE: IMO No.	. 000	20/07/2024 ABU DHABI	D GR	MO: 9403578 T: 1197 NRT: 387 bu Dhabi, U.A.E.
	25 1020	GT:				7



SEAFARER MEDICAL CERTIFICATE

SEAFARER INFORMATION

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

Last name:

case the maximum period of validity shall be one year.

First name:	Middle name(s):	760	ec a
Nationality: CENYTON Passport No: 33493553	Date of Birth: 2/12/199 Discharge bo	ok No:	
	OS DECLE CARE? Department:]	ice	6
nis is to certify that above named seafarer has been examine		ess standa	ards and
rufication requirements established in accordance with the pro-	ovisions of the STCW Convention, 1978 as amend	led, regula	ation I/9
Maritime Labour Convention 2006, regulation 1.2 found to	be fit for sea service, subject to any limitations inc	dicated	
DECLARATION OF THE RECO	GNIZED MEDICAL PRACTITIONER		
		Yes	No
onfirmation that identification documents were checked at the	•	4	
Hearing meets the standards in STCW Code Section A-I/9?	Date of test (dd/mm/yyyy): 18/14/2023		
Unaided hearing satisfactory?		0	
Visual acuity meets standards in section A-I/9? Visual aids (if		0	
Colour vision meets standards in section A-I/9? Date of last co	olor vision test: 18/4/WD	4	
Fit for look-out duties? (Deck and Engine Dept. only)		8	
Limitations or restrictions on fitness?			
"Yes", specify limitations or restrictions:	Examination for		
Is the seafarer free from any medical condition likely to be agg fit for such service or to endanger the health of other persons o	n board?		3 0
ate of (Issue(dd/mm/yyyy): (8/4/202)	Date of Expiry* (dd/mm/yyyy): 18/4/20	25	
REGOGNIZED MEDICAL PRACTITIONER	REGISTRAR OF KENYAN SEAF	ARERS	
ign: Aguant to	Sign:		
Tame (print): De JALMS APMEMS 4	Name (print) A OF KONYANSHIPS ASSAULANCES		
Place of examination: During theman	Place of issue: Nombusa		
eal/Stamp: (MRChB / Msc-OSH)	Seal/Stamp:		
KISIMA HEALTH FACILITY			
OPP. MAKADARA GROUND	P. O. Box 95076 - 80104, MOMBASA, KENYA.		
EAFARER'S DECLARATION: I hereby confirm that I have	been informed about the content of this certific	ate and m	ny right to
opeal in accordance with the Merchant Shipping (Seafarer Medi	ical and Eyesight) Regulations, 2016.		
THE LAW .	lid for a maximum period of two years unless the seafarer is	under the a	ge of 18, in

MEDICAL EXAMINATION RECORD

Photo



Numbers in brackets refer to	EXPLANATORY NOT	ES				01 20		
LAST NA	ME	FIRST	NAME N	MIDDLE INIT.	SEX	AGE	DATE	F BIRTH
ТООН	PROPERTY AND	EZR	A	KIPKOECH	MALE	28 YRS	× 99100 02	12/1994
CIVIL STA	TUS	PASSP	ORT NO.	JOB APPLIED FOR		MANNING AGENT		
SINGLE		CK4	3489	OS			M	SC
		PRESENT	MAILING ADDRE	ESS			TEL	NO.
		UTH	IRU - NAIRO	BI - KENYA		THE WILL	+25472	29243361
Physical Company						Wall Holy		
(2) HEIGHT	(3) WEIGHT	PULSE	(4) BODY BUILD	(5) CHEST:INSP	4	ins		
170 m	Lbs	74/min	SS / MS	CHEST: EXP	4	ins		
ins	64 kgs	reg / irr	LS / OW	ABD GIRTH	(6) 36	ins		
VISUAL A	CUITY	FAF	R VISION	NEAR	VISION	(7)		
UNCORRECTED		1 20	R 220	1 320	R 200	COLOUR	CLARITY	OF SPEECH
CORRECTED		L 20/20	R 2920	L 2920	R 2020	Normal	CLE	AR
	DENTA		72	CHEST	X-RAY	PA / AP	X Ray No.	
UPPER		321-L123	3 4 5 6 7(8)	NEGATIVE	NORMAL	BLOOD: TY	PE	AB +VE
LOWER		321-L123		POSITIVE		(20) (21) BLOOD: PR	ESSURE	124/73

FAMIL)	Y HISTORY			
14,0,000	Present Age	Present state of health	Age at death	Cause of death
ather	66	Normal health		
Mother	59	Normal health		
Brother/s	1 35	Normal health		
or ourier to	2 30	Normal health		
	3			
Sister/s	1 17	Normal health		
	2			
	2			

	NORMAL	FINDINGS		NORMAL	FINDINGS
1. Skin	(FES) NO		11. Heart	(YES NO	
2. Head, neck, scalp	(ES) NO		12. Abdomen	(ES) NO	
3. Eyes - external	(YES) NO		13. Back	(YES) NO	
4. Pupils, opthalmascopic	(YES) NO		14. Anus - rectum	(YES NO	
5. Ears	(ES) NO	TO BE LEED	15. G - U system	(ES) NO	
6. Nose - sinuses	(E) NO		16. Inguinals, genitals	(YES) NO	
7. Mouth - throat	(ES) NO		17. Reflexes	(FE) NO	
B. Neck, L. N. thyroid	(ES) NO		18. Extremities	(YES) NO	
9. Chest - breast - axilla	(E) NO		19. Dental (teeth)	(E) NO	
10. Lungs	(ES) NO		20. Surgical Operations	(YES) NO	

Pre - Employment Medicals (PEM)

. Asthma or wheezing	YES NO	om, or been told they have (or h			
. Bronchitis	The state of the s	12. Nose bleeding	YES NO	22. Swelling of feet	YES (
	YES NO	13. Hearing problems	YES NO	23. Fainting attacks	YES (
Pleurisy	YES NO	14. Rheumatic fever	YES AD	24. Migraine	YES (
Tuberculosis	YES NO	15. High blood pressure / Hypertension	YES NO	25 Blackouts	YES (
). Pneumonia	YES (NO)	16. Heart attack	YES (NO	26. Fits	YES (
6. Coughed up blood	YES NO	17 Chest pain	YES (10)	27. Epilepsy	YES (
7. Shortness of breath	YES NO		YES NO	28. Muscular weakness	YES (
8. Other chest complaints	YES NO	19. Poor circulation	YES NO	29. Paralysis	YES (
9. Sinus trouble	YES NO			30. Stroke	YES (
10. Frequent colds	YES NO	20. Other infections of the heart or circulatory system	YES NO	31. Transient Ischaemic Attack (T.I.A.)	YES (
11. Ear infections	YES (NO	21. Varicose veins	YES (NO)	32. Tingling	YES (

TO MY HEALTH STATUS AND OTHER PERSONAL MEDICAL FINDINGS AND DO HEREBY RELEASE THEM FROM ANY AND ALL LEGAL RESPONSIBILITY BY DOING SO. I ALSO CERTIFY THAT MY MEDICAL HISTORY CONTAINED ABOVE, IS TRUE AND ANY FALSE STATEMENTS WILL DISQUALIFY ME FROM MY EMPLOYMENT, BENEFITS AND CLAIMS.

Signature and stamp of Doctor:
Signature and name of Crew Memeber; EZRA KIPKOECH TOOH
Name of Employer. MSC
Date of issue: 04/10/23
Name and address of medical center. DR.RISHAD ALI SHOSI – 90106 - 80100
6 GO LIM



PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2					
DATE OF BIRTH	FIRST NAME	MIDDLE 11100 0/(11)			
MONTH 12 DAY 02 YEAR 1994	PLACE OF BIRTH	INITIAL - KI PLOECH			
EXAMINATION FOR DUTY AS:	CITY COUNTRY	GALF FEMALE			
MASTER	MAILING ADDRESS OF APPLICANT	Tames .			
MOUDER	P.O BOX 937	20200			
ENGINEER J MOU ENGINE J					
SUPERNUMERARY	KERICHO,				
MEDICAL EXAMINATION (SEE REVERSE SIDE FO	R MEDICAL PROLIBEMENTS) CTA	TE DETAILS ON BEVERSE SIDE			
TOLOGO PRESSURE I DITICE	RESPIRATION I G	ENERAL APPEARANCE			
170 64 124173 74	- 14	Normal			
WILLIOUT CLASSES RIGH EVE LEFT, EVE	WITH GLASSES	, –			
DATE OF LAST COLOR VISION TEST (Month/Day/Year) 12/13/2016					
VISION MEETS STANDARDS IN STCW CODE, TABLE					
COLOR TEST TYPE: BOOK - LANTERN - CHECK IF COLOR TEST	TIS NORMAL YELLOW_ RED_	GREEN BLUE			
RT. FAR	LEFT EAR				
HEAD AND NECK	HEART (CARDIQVASCULAR)				
LUNGS	SPEECH (DECK/NAVIGATIONAL	OFFICER AND RADIO OFFICER)			
IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?					
EXTREMITIES:					
UPPER NORMAL LOWER NORMAL LOWER NORMAL LOWER NORMAL IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR					
LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BO	DARD? IF YES, EXPLAIN IN DETAILS OF MI	EDICAL EXAMINATION ON PAGE 2.			
1 los	a. 1. 12.2	2/1/26			
Hap roed	DATE OF EXAM	5/10/25 EXPIRY			
SIGNATURE OF APPLICANT		INTERIOR DELIVERANT			
DATE THIS SIGNATURE SHOULD BE A	AFFIXED IN THE PRESENCE OF THE EXAM	ECH TOOH.			
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIV	(NAME OF APPLICA				
		RATING MOUDICK MOUENGINE			
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MA. or SUPERNUMERARY).		TOTATO, MICO DECIG MICO ENGINE			
NAME AND DEGREE OF PHYSICIAN DR. RISHAD A.S					
ADDRESS 90106-80100					
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY L'M.P.D.B					
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 19/9/22					
DATE OF 1830E OF FITT SICIAN'S CERTIFIC Commissioner of Maritime Affairs, R.L. and in compliance with the					
the Maritime Labour Convention 7006 for the	of the Maritime Labour Convention 7006 for the Medical Examination of Scalars				
The Medical Certificate shall be valid for no more than two	(2) years from the date of the Examin	and the mose over to			
years of age and for no more than one (1) year f	of those that to jours of age.	2013 X			
RLM-105M (REV. 06/16)		OCI -			
		120 11140			

MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate. application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a scafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the scafaring profession. In addition, the following minimum requirements shall apply:

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy. insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician ,wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION (To be completed by examining physician)

RLM-105M (REV. 06/16)

MEDICAL CEPTIFICATE	MEDICAL CERTIFICATION						
MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA							
TOWN TOWNS							
SURNAME: TOOH	T						
DATE OF BIRTH	GIVEN	NAME (S) EZRA K	IPKOECH				
DAY 02 MONTH 12 YEAR 1994		OF BURTH	SEX				
POSITION ON BOXES.	CITY	YAND LACOUNTRY KENY	A MALE DE PENALE D				
MASTER DECK OFFICER	MARINE	G ADDRESS OF APPLICANT:					
ENGINEERING OFFICER	0	0 BOX 937	20200				
RADIO OPERATOR D	1 '						
DECLARATION OF THE AUTHORIZED PHYSICIAN		KERICHO	, KENYA				
VISION							
Mary source	LASSES	COLOR TEST TYPE	HEARING				
RIGHT EYE 20/20		☐ BOOK	RIGHT EAR				
2 /2-		YELLOW RED	Moni EAR				
10/20 20/20		GREEN BLUE	LEFT EAR				
Confirmation that identification documents were checked at the		xamination: YES P NO 🗆					
Hearing meets the standards in STCW Code, Section A-1/9?	YES D	NO NOT APLICAE	DLE 🗆				
Unaided hearing satisfactory? YES NO							
Visual aculty meets standards in STCW Code, Section A-1/9? Colour vision meets standards in STCW Code, Section A-1/9?							
(the visual test it is required every six years)		NO []					
Date of the last colour vision test: (Day/Month/Year) 0 \							
Are glasses or contact lenses necessary to meet the required Able for watchkeeping? YES P NO	vision stand	tards? YES NO B					
Is applicant taking any non-prescription or prescription medica	Hans 2 VER	O NO P					
Is the seafarer free from any medical condition likely to be ago			years (mfi) for each specim as to				
endanger the health of other persons on board? YES	NO 🗆	Service of sea of to jerizer the sould	reis drint for such service or to				
Hereby I declare that I am is knowledge of the contents of the	Physical Ex	amination.					
1 1 F-00	Vi o	v_ · + 11	1.100				
Lipthon ErRA		KŒCH TOOH _	04/10/25				
Signature of Applicant		Applicant	Date				
CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND ENGINEERING OFFICER / RADIO OPERATOR / RATING) (V	TO BE (F	IT / NOT FIT) FOR DUTY AS A MY / WITH THE FOLLOWING) RES	(MASTER / DECK OFFCIER / STRICTIONS:				
NAME AND DEGREE OF PHYSICIAN DR.RISHAD A'S							
ADDRESS: 90106-80100							
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: W.M.P.D.13							
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 19/9/22							
SIGNATURE OF PHYSICIAN: STAMP OF PHYSICIAN: DATE: 04/10/23							
EXPIRY DATE OF CERTIFICATE: 03/10/25							
This certificate is issued by the Francisco Markinse Analoging in compliance with the requirements of the STC II Convention, 1978, as amended and the Markinse Labour Convention, 2006.							
		1	F-ALM-012				
		1/1	Rev.05 Page 1 de 1				
		1 State of the same	0ate: 13/03/2013				

0 4 0000

018584

MOMBASA COUNTY

INTERNATIONAL CERTIFICATES
OF VACCINATION

CERTIFICATS INTERNATIONAUX
DE VACCINATION



Issued to delivre a

EZRA KIPKDECHI TOOH!

Passport No.

or

Travel Document No. Numero du passeport

ou

de la piece justificative

CK 43489

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST. YELLOW FEVER CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION GONTON

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LE FIEVRE JAUNE

This is to certify that Je soussigne (e) certifie que whose signature follows	EZRA TOOH KIPKDECH	date of birth ne(e) le	1994 sex sexe	M
dont la signature suit		70	1 5 7 A.M. 5 8	0,53

has on the date indicated been vaccinated or revaccinated against Yellow fever. a ete vaccine(e) ou revaccine (e) contre le fievre jaune a la date indiquee.

Date	Signature and proof vac	inator	No	n and Batch of Vaccine		stamp of vacc	TALL TOUR	1
1	Signature et qual du yac	te profession	CIT	in du vaccin ve gypumany du lot CULALION FOR YEL	MBAS	fficiel du cent	CHIPP	nation
5	Man	my	* 11/	MARIL	ON PETER	**	MAY 20	17 41 /
917	3	33/	Sarid		90441 SA RTN	ET CO	ACTH OF	(E)
	# P		-	VIH	E. C.		06-111	
2								
2								
2						3 ,		4
						3		4000
						3		

This certificate is valid only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated

The validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination in the event of a revaccination within such period of ten years, from the date of that revaccination. Any ammendment of this certificate, or erasure, or failure to complete any part of it may render it invalid.

Ce certificat n' est valable que si le vaccin employe a ete approuve parl' Organisation mondiale de la Sante et si le centre de vaccination a ete habilite par l'administration sanitaire due territoire dans lequel ce centre est situe.

La validite de ce certificat couvre une periode de dix ans commencart dix jours apres la date de la vaccination ou, dans le cas d'une revaccination au cors de cette periode de dix ans, le jour de cette revaccination.

Toute correction ou rature sur le certificat ou l'ommission d'une quelconque des mentions qu'il comporte peut affecter sa validite.



Covid-19 Vaccination Certificate



This is to certify that Ezra Kipkoech Tooh, born on Fri Dec 02 1994, from Kenya with National Id 33493557 has been vaccinated against Covid 19 on the date indicated in accordance with the National Health Regulations.

Vaccine	Dose	Date Administered	Batch No
Modema	1	Fri Sep 03 2021	050E21A
Moderno	2	Wed Oct 13 2021	019F21

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.

CERTIFICATE OF BIRTH

Birth in the NANDI	District in the R	IFT VALLEY Province
No. 2803133 /1594	Where Born Hospital	Ezra Kipkoech Toch
Date of Birth 2nd December, 1994	Sex Male Name and Surna of Father	Joel Kiptoo Tengecha
Name of Mother Sarah Chep	pkorir Selim	
Signature, Description and Residence of Informant	Sgd. Midwife	
Signature of Registering Officer L.K. CHEMWOR	Date of Registration	
Baptismal Name if added or altered after Re	egistration of Birth	
	pal Registrar on the 21st day	
This certificate is issued in pursuance of any entry in any register or return purportine evidence of the dates and facts therein without	ing to be sealed or stamped with the seal of	p. 149) which provides that a certified copy of the Principal Registrar shall be received as
Typediby: "(W.K.TEK Checked by: (5 NDI.
FEE PAID Fifty Shillings		



Craft Certificate

IN TECHNICAL, VOCATIONAL, ENTREPRENEURSHIP AND TRAINING (TVET)

This is to certify that the candidate named below sat for the Craft Certificate in TVET examination in the modules named below and was awarded this certificate. The candidate attained the awards shown below:

CRAFT CERTIFICATE IN NAUTICAL SCIENCE

106112/0020 EZRA KIPKOECH TOOH 106112 BANDARI COLLEGE *M* 106112/0020

106112076 2017 JULY

1061120020

1504 LEVEL I

CREDIT

2018 NOVEMBER

1504

LEVEL II

DISTINCTION

OVERALL RESULT **CREDIT**

LAST EXAMINATION DONE IN 2018 NOVEMBER DATE PRINTED: 191022: 17024922

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Mendo

Secretary
Kenya National Examinations Council



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Chairman Kenya National Examinations Council

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The Kenya National Examinations Council



Diploma

IN TECHNICAL, VOCATIONAL, ENTREPRENEURSHIP AND TRAINING (TVET)

This is to certify that the candidate named below sat for the Diploma in TVET examination in the modules named below and was awarded this Diploma. The candidate attained the awards shown below:

DIPLOMA IN NAUTICAL SCIENCE

1061120013 EZRA KIPKDECH TOOH 106112 BANDARI COLLEGE *M* 1051120013

1061120004 2019 NOVEMBER 1061120013 2021 JULY 2504 MODULE I EXEMPTED
2504 MODULE II DISTINCTION
2504 MODULE III DISTINCTION

DVERALL RESULT

DISTINCTION

DATE PRINTED: 230809:15055522

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Chief Executive Officer Kenya National Examinations Council



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