


# ENGINE CADET

First Name	JOEL SEYRAM	Surname	AKONI	
Date of Birth	26/10/1998	Place of birth	HO-GHANA	
Availability for employment	ASAP			
Nationality	GHANAIAN			
Languages	ENGLISH	EWE		
Address	AW 3/61 AVATIDOME TRAFALGAR STREET HO, VOLTA REGION			
Fax phone #	(+233) 205100260	Portable/Mobile phone #	(+233) 595157566	
Email	akoni.joel@gmail.com			
Nearest airport	KOTOKA INTERNATIONAL AIRPORT - ACCRA			
<b><u>NEXT OF KIN</u></b>				
First Name	JUDE	Surname	AKONI	
Relation	BROTHER			
Contact address	AW 3/61 AVATIDOME TRAFALGAR STREET HO, VOLTA REGION			
Contact's phone number	(+233) 244454742			
<b><u>DOCUMENTS</u></b>				
Documents name	Serial Number	Place of issue	Date of issue	Date of expiry
PASSPORT	G3555797	ACCRA -GHANA	14/04/2022	13/04/2032
INTERNATIONAL VACCINATION CERTIFICATE	0435273	ACCRA -GHANA	11/01/2024	LIFE LONG VALIDITY
DISCHARGE OR SEAMAN'S BOOK	GMA-COD-2200	ACCRA-GHANA	23/04/2024	22/04/2029
MEDICAL CERTIFICATE	TM0000012732	ACCRA-GHANA	31/01/2024	30/01/2026
<b><u>CERTIFICATES</u></b>				
Certificate name	Serial Number	Institution /Place of issue	Date of issue	Date of expiry
BSC MARINE ENGINEERING	002236	REGIONAL MARITIME UNIVERSITY, GHANA	2/8/2021	N/A
PROFICIENCY IN FIRE PREVENTION AND FIRE FIGHTING	0066029	REGIONAL MARITIME UNIVERSITY, GHANA	15/03/2024	15/03/2029
PROFICIENCY IN PERSONAL SURVIVAL TECHNIQUES	0066293	REGIONAL MARITIME UNIVERSITY, GHANA	22/03/2024	22/03/2029
PROFICIENCY IN ELEMENTARY FIRST AID	0066315	REGIONAL MARITIME UNIVERSITY, GHANA	22/03/2024	22/03/2029

PROFICIENCY IN PERSONAL SAFETY AND SOCIAL RESPONSIBILITIES	0066121	REGIONAL MARITIME UNIVERSITY, GHANA	19/03/2024	19/03/2029
PROFICIENCY FOR SEAFARERS AND SECURITY AWARENESS AND DESIGNATED SECURITY DUTIES	0065974	REGIONAL MARITIME UNIVERSITY, GHANA	13/03/2024	13/03/2029
PROFICIENCY IN SECURITY AWARENESS TRAINING	GMA-SA-3059	GHANA MARITIME AUTHORITY	23/04/2024	22/04/2029
PROFICIENCY IN FAMILIARIZATION AND BASIC SAFETY TRAINING	GMA-FB-3187	GHANA MARITIME AUTHORITY	23/04/2024	22/04/2029

## MARITIME EXPERIENCE

[illegible]

## PERSONAL & PPE DATA

Eye color	<b>Black</b>	Safety shoes (EUR)	<b>46</b>	Weight (kg)	<b>100</b>
Hair color	<b>Black</b>	Height (cm)	<b>184</b>	Uniform & Coverall size	XL





REPUBLIC OF GHANA

# REPUBLIC OF GHANA REPUBLIQUE DU GHANA



World Health  
Organisation

## INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

*International Health Regulations (2005)*



Organisation  
mondiale de la santé

## CERTIFICAT INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

*Règlement sanitaire international (2005)*



N<sup>o</sup> ICVP 0435273

Issued to / Délivré à

AKONI JOEL SETRAM

Passport number or  
Travel document number

Numero du passeport ou  
du document de voyage

4 3 5 5 5 7 9 7

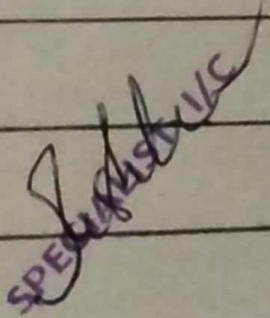
# INTERNATIONAL CERTIFICATE\* OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] AKONI JOEL SETRAM  
 date of Birth 26-OCT-1998 sex MALE  
 nationality GHANAIAN  
 national identification document, if applicable PASSPORT  
 whose signature follows \_\_\_\_\_

has on the date indicated been vaccinated or received prophylaxis  
 against: (name of disease or condition)

YELLOW FEVER

in accordance with the International Health Regulations.

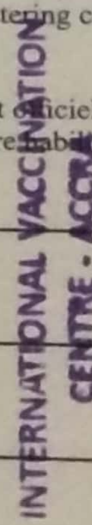
Vaccine or Prophylaxis	Date	Signature and professional status of supervising clinician
Vaccine ou agent prophylactique	Date	Signature et titre du clinician responsable
1 <u>YELLOW</u>	<u>11-01-</u>	
2 <u>FEVER</u>	<u>2024</u>	
3		

\*Requirements for validity of certificate is on page 2.

# CERTIFICAT\* INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Nous certifions que [nom] \_\_\_\_\_  
 né(e) le \_\_\_\_\_ de sexe \_\_\_\_\_ et  
 de nationalité \_\_\_\_\_  
 document d'identification national, le cas échéant \_\_\_\_\_  
 dont la signature suit \_\_\_\_\_  
 a été vaccine(e) ou a reçu des agents prophylactiques à la date indiquée  
 contre : (nom de la maladie ou de l'affection)

Conformément au Règlements sanitaire international.

Manufacturer and batch no. of vaccine or prophylaxis	Certificate valid from: Until:	Official stamp of the administering centre
Fabricant du vaccine ou de l'agent prophylactique et numéro du lot	Certificate valable à partir du: jusqu'au:	Cachet officiel du centre habilité
1 <u>SANOFI PASTEUR</u>	<u>LIFE</u>	
2 <u>FRANCE</u>	<u>LONG</u>	
3 <u>09/22022</u>		

\*Voir les conditions de validité à la page 3



Fauel



P<GHA AKONI<<JOEL<SEYRAM<<<<<<<<<<<<<<<<<<<  
G3555797<7GHA9810260M3204131<<<<<<<<<<<<<<<0



# REGIONAL MARITIME UNIVERSITY

*Member States: Cameroon, The Gambia, Ghana, Liberia, Sierra Leone*

ACCRA • GHANA

S/N: 002236



**AKONI JOEL SEYRAM KOJO**

having fulfilled all the requirements of the University

has this day been admitted to the degree of

**Bachelor of Science**

in

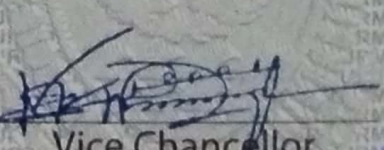
**Marine Engineering**

with

**Third Class**

**2<sup>ND</sup> AUGUST, 2021**



  
Vice Chancellor





# GHANA MARITIME AUTHORITY

PMB 34, MINISTRIES, ACCRA-GHANA

Tel: +233 302 684390 / 684392-7

Fax: +233 302 677702

Website: www.ghanamaritime.org



## SEAFARER MEDICAL CERTIFICATE

This certificate is issued by Ghana Maritime Authority in compliance with the requirements of the International Convention on Standards for Training Certification and Watchkeeping for Seafarers (STCW) 1978, as amended, and the Maritime Labour Convention (MLC) 2006 for the medical examinations of Seafarers

Surname: <b>AKONI</b>		Other Names: <b>JOEL SEYRAM</b>	
Discharge Book No.		Passport No. <b>Q3555707</b>	Sex M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Date of Birth <b>26/10/1998</b>		Nationality <b>GHANAIAN</b>	
Department (Please Tick relevant box) Deck <input type="checkbox"/> Engine <input checked="" type="checkbox"/> Catering <input type="checkbox"/>		Rank <b>CADET</b>	
Other (Specify) _____			
1. Does Hearing meet standards in STCW Code, Section A-1/9?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. Is unaided hearing satisfactory?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. Does visual acuity meet standards in STCW Code, Section A-1/9?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4. Does colour vision meet standards in STCW Code, Section A-1/9?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5. Date of last colour vision test.		<b>31-01-2024</b>	
6. Is seafarer fit for look out duties?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. Is seafarer free from any medical condition likely to be aggravated by service at sea or render seafarer unfit for service or endanger the health of others?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8. Any limitations or restrictions on fitness?		No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
If yes, please specify _____			
The person examined has satisfied me as to his/her identity by showing			
Discharge Book <input type="checkbox"/> Passport <input checked="" type="checkbox"/> Others _____			
Date of Examination <b>31-01-2024</b>		This Certificate is valid until <b>30-01-2026</b>	
Name, Signature and Official Stamp of Approved Medical Officer  <b>DR. (MED) EMMANUEL TAWIAH BENTIL MD</b> MD / RN / 04274 (MEDICAL DIRECTOR) <b>EMPAT - GAIQUO MEDICAL CENTRE</b> <b>COMMUNITY SIX</b> <b>TEMA - GHANA</b>		Signature of Seafarer	
Certificate No. <b>TM0000912732</b>		Signature <b>THOMAS ALONSI</b> Director General	

0010113





# GHANA MARITIME AUTHORITY

PMB 34, MINISTRIES, ACCRA-GHANA

Tel: +233 (0) 507 865 178

Website: [www.ghanamaritime.org](http://www.ghanamaritime.org)

Verification: [stcw.verification@ghanamaritime.org](mailto:stcw.verification@ghanamaritime.org)



GMA TM0000012732

## Details of Seafarer

Surname	AKONI
Other name(s)	JOEL SEYRAM
Postal / Residential Address	HOUSE NO 7 TRAFALGAR STREET, HO
Phone No.	0595157566
Date of Birth	dd: 26 mm: 10 yy: 1998
Nationality	GHANAIAN
Email Address	akoni.joel@gmail.com
Sex	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Discharge Book No.	
Passport No.	G3555797
Department:	Deck <input type="checkbox"/> Engine <input checked="" type="checkbox"/> Catering <input type="checkbox"/>
Others (specify)	
Routine and emergency duties (if known)	
Type of ship (e.g. container, tanker, passenger, fishing)	
Trade area (e.g. coastal, worldwide)	WORLDWIDE

## Personal History

	Yes	No
Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eye/ Vision problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ENT disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skin disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Epilepsy/Fits	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Neurological Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental ill health	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Genito/urinary disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hernia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Varicose Veins/Haemorrhoids	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Obstetric or		
Gynaecological disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol intake	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco use	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dizziness/Fainting attacks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Easy tiredness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other illness or Operations	Nil of Note	

## Family Medical History

	Yes	No
Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental ill health	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Declaration of Medical History

	Yes	No
1. Are you presently unwell?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are you receiving any treatment now?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have you ever been declared unfit for sea service or fit for sea service subject to restrictions at any previous medical examination?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you ever been rejected for employment on medical grounds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Have you ever been repatriated for medical reasons?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you ever been treated for any disease?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been treated for any injury or operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, please specify _____		
8. Are you allergic to any medication?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, please specify _____		
9. Are you taking any non-prescription or prescription medications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, please specify _____		

I declare that all answers provided are to the best of my knowledge true. I am fully aware that if I withhold any information, the pre-employment examination will be considered null and void.

I hereby grant permission to the examining physician to disclose any or all information herein or hereafter furnished by me to the company as may be deemed necessary.

Signature of Seafarer

Date

31-01-2024

# PHYSICAL AND MEDICAL EXAMINATION

Height	1 m 84 cm	Urine Test:	Albumin	NEGATIVE	
Weight	100 Kg		Sugar	NEGATIVE	
Blood Pressure	123/78mmHg		Other	NIL OF NOTE	
Pulse rate/min.	82	Rhythm			
		Regular	<input checked="" type="checkbox"/>	Irregular	<input type="checkbox"/>
Peripheral pulses present?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
		Chest X-ray: Done <input checked="" type="checkbox"/> Not Done <input type="checkbox"/>			
		Blood: HB	13.2g/dL		
		VDRL	NEGATIVE		
		Others	NIL OF NOTE		
		12 lead ECG (over 40 years)	N/A		

Does the seafarer have disorder with any of the following		Yes	No
ENT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Dental	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Skin	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Respiratory system	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Nervous system	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Cardiovascular System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Others (if any)			
Abdominal system	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Hernia tests	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Varicose veins	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Physical fitness	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Genito/Urinary	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Visual Acuity	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/12	6/9	6/6			
Near	HS	HS	HS			

Visual fields	Normal	Defective
Right eye	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left eye	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Colour Vision	Not tested <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Doubtful <input type="checkbox"/> Defective <input type="checkbox"/>	

Hearing	Pure tone and audiometry (threshold values in dB)					
	500Hz	1000 Hz	2 000 Hz	3 000 Hz	4 000 Hz	6 000 Hz
Right ear						
Left ear						

Speech and Whisper (metres)	Normal	Whisper
Right ear	<input checked="" type="checkbox"/>	NORMAL
Left ear	<input checked="" type="checkbox"/>	NORMAL

Examination of Limbs	LEFT	RIGHT
Lower Limbs	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>
Upper Limbs	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO JOEL SEYRAM AKONI (HEARER) IS FOUND (F) (NOT FIT) FOR DUTY AS A (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MODU DECK, MODU ENGINE OR SUPERNUMERARY)

DR. (MED) EMMANUEL TAWIAH BENTIL MD MD / RN / 04274 (MEDICAL DIRECTOR) EMPAT - CAIQUO MEDICAL CENTRE COMMUNITY SIX TEMA - GHANA	31-01-2024 Date of Examination
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# REGIONAL MARITIME UNIVERSITY

ACCRA • GHANA



## CERTIFICATE OF TRAINING

This is to certify that

**AKONI JOEL SEYRAM**

Has successfully completed a Training Course in

**Certificate of Proficiency in Fire Prevention and Fire-Fighting**

and has met the standard of competence as specified in

Registrar

No. 0066029

BFP/00280/24

Section A-VI/1, Table A-VI/1-2

of the STCW Convention, 1978, as amended

Pro-Vice Chancellor

15-March-2024

Date of Issue

Member States: Cameroon, The Gambia, Ghana, Liberia, Sierra Leone



# REGIONAL MARITIME UNIVERSITY

ACCRA • GHANA



## CERTIFICATE OF TRAINING

This is to certify that

**AKONI JOEL SEYRAM**

Has successfully completed a Training Course in

**Certificate of Proficiency in Elementary First Aid**

and has met the standard of competence as specified in

Registrar

0066315

No.

EFA/00284/24

Section A-VI/1, Table A-VI/1-3

of the STCW Convention, 1978, as amended

Pro-Vice Chancellor

22-March-2024

Date of Issue

REGIONAL MARITIME UNIVERSITY  
Member States: Cameroon, The Gambia, Ghana, Liberia, Sierra Leone



# REGIONAL MARITIME UNIVERSITY

ACCRA • GHANA



## CERTIFICATE OF TRAINING

This is to certify that

**AKONI JOEL SEYRAM**

Has successfully completed a Training Course in

**Certificate of Proficiency in Personal Survival Techniques**

and has met the standard of competence as specified in

Registrar

No. 0066293

PST/00279/24

Section A-VI/1, Table A-VI/1-1

of the STCW Convention, 1978, as amended

Pro-Vice Chancellor

22-March-2024

Date of Issue

Member States: Cameroon, The Gambia, Ghana, Liberia, Sierra Leone



# REGIONAL MARITIME UNIVERSITY

ACCRA • GHANA



## CERTIFICATE OF TRAINING

This is to certify that

**AKONI JOEL SEYRAM**

Has successfully completed a Training Course in

**Certificate of Proficiency in Personal Safety & Social Responsibilities**

and has met the standard of competence as specified in

Registrar

**Section A-VI/1, Table A-VI/1-4**

Pro-Vice Chancellor

No. **0066121**  
**PSR/00277/24**

of the STCW Convention, 1978, as amended

**19-March-2024**

Date of Issue

REGIONAL MARITIME UNIVERSITY  
Member States: Cameroon, The Gambia, Ghana, Liberia, Sierra Leone



# REGIONAL MARITIME UNIVERSITY

ACCRA • GHANA



## CERTIFICATE OF TRAINING

This is to certify that

**AKONI JOEL SEYRAM**

Has successfully completed a Training Course in

**Certificate of Proficiency for Seafarers with Security Awareness and Designated Security Duties**

and has met the standard of competence as specified in

Registrar

No. 0065974

ISR/00271/24

Section A-VI/6, Table A-VI/6-1, Table A-VI/6-2

of the STCW Convention, 1978, as amended

Pro-Vice Chancellor

13-March-2024

Date of Issue

Member States: Cameroon, The Gambia, Ghana, Liberia, Sierra Leone



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# SEAFARER'S

## IDENTITY DOCUMENT

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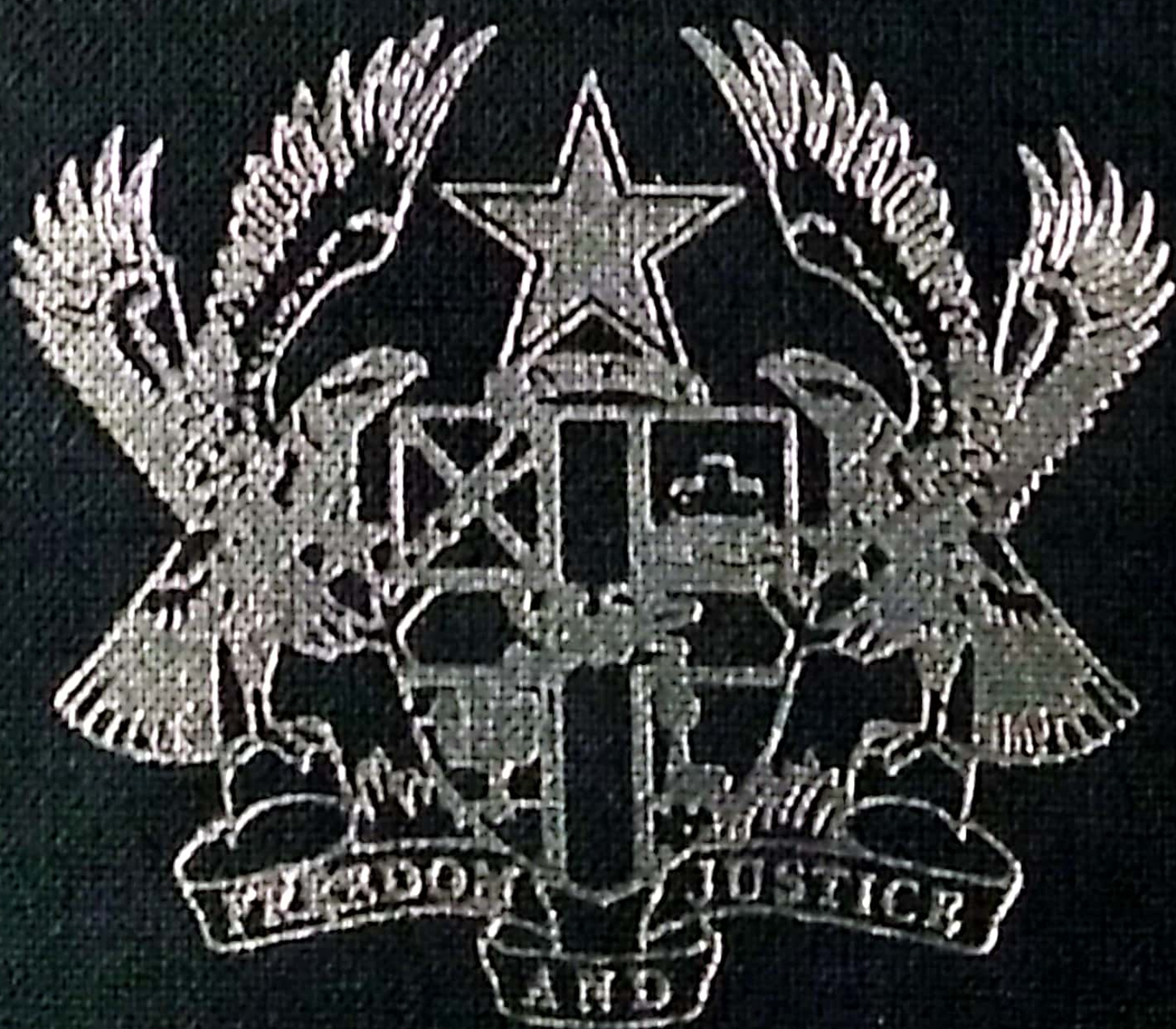
REPUBLIC OF GHANA



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# SEAFARER'S IDENTITY DOCUMENT

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REPUBLIC OF GHANA





# SEAFARER'S IDENTITY DOCUMENT

This document is issued pursuant to provisions of Seafarers' Identity Documents Convention, 1958 (NO. 108).

Issued on behalf of the Government of the  
Republic of Ghana by the  
Ghana Maritime Authority.

Director-General

Type / Type  
SIDCountry Code / Code de pays  
GHA

Book Number / Numéro de livre  
**GMA-SID-1785**

Surname / Nom  
**AKONI**

Given Names / Prénoms  
**JOEL SEYRAM**

Nationality / Nationalité  
**GHANAIAN**

Date of Birth / Date de naissance  
26 OCT 1998

Sex / Sexe  
**MALE**

Place of Birth / Lieu de naissance  
HO

Date of Issue / Date de délivrance  
**23 APR 2024**

Date of Expiry / Date d'expiration  
**22 APR 2029**

Place of Issue / Lieu de délivrance  
ACCRA

Authority / Autorité  
GHANA MARITIME AUTHORITY



SIDGHA<AKONIJOELSEYRAM<<M<<<<<<<<<<<<<<<<<<<<<<<  
ID<GMA-1098-AJ-4078<AB045FE82CEC4416BBDEC42A3D2312A1<7



# REPUBLIC OF GHANA



## SEAFARER'S RECORD BOOK AND CERTIFICATE OF DISCHARGE



*This book is issued to the Seafarer under  
Section 115(1) of the Ghana Shipping Act 2003  
(Act 645) and Regulation 13(6) of the Ghana Shipping  
(Maritime Labour) Regulations, 2015 (L.I. 2226)  
pursuant to Standard A2.1(1)(e) and Standard A2.1(3)  
of the Maritime Labour Convention, 2006,  
as amended (MLC, 2006).*

Issued on behalf of the  
Government of the Republic of Ghana  
by the Ghana Maritime Authority

**DIRECTOR - GENERAL**



Book Number / Numéro de livre  
**GMA-COD-2200**

Nationality / Nationalité  
**GHANAIAN**

Date of Birth / Date de naissance  
26 OCT 1998

Sex / Sexe  
**MALE**

Place of Birth / Lieu de naissance  
HO

Place of Issue / Lieu de délivrance  
**ACCRA**

Authority / Autorité  
GHANA MARITIME AUTHORITY

Date of Issue / Date de délivrance  
23 APR 2024

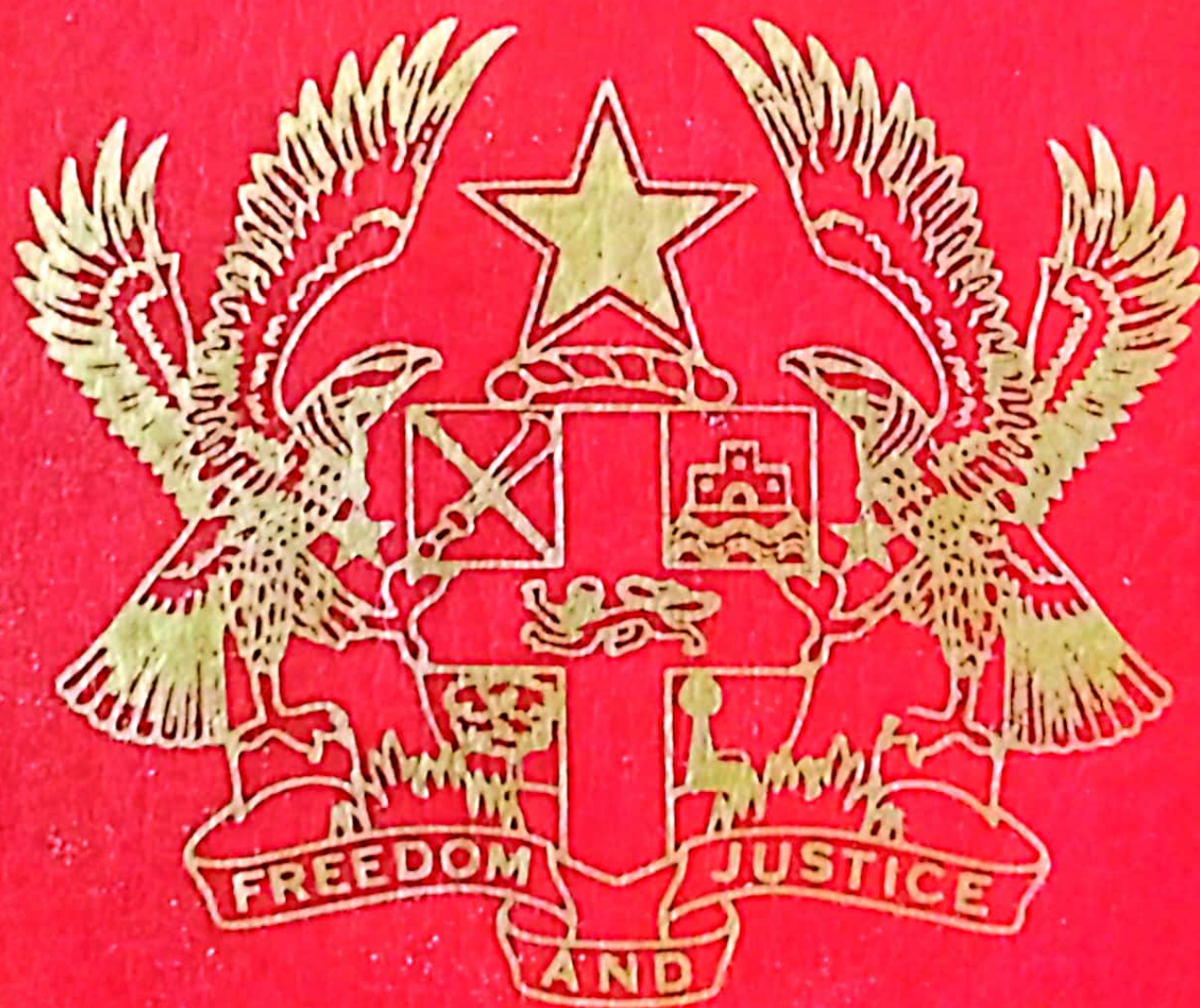
Date of Expiry / Date d'expiration  
**22 APR 2029**



CODGHA<AKONIJOELSEYRAM<<M<<<<<<<<<<<<<<<<<<<<<<<<<<<<  
ID<GMA-1098-AJ-4078<1B26A2FDEF34469B95075A93B585F972<6



# REPUBLIC OF GHANA



# CERTIFICATE OF PROFICIENCY



The Government of Ghana certifies that the holder of this certificate has satisfactorily completed approved

FAMILIARIZATION and BASIC SAFETY training courses in:

1. PERSONAL SURVIVAL TECHNIQUES
2. FIRE PREVENTION AND FIRE FIGHTING
3. ELEMENTARY FIRST AID
4. PERSONAL SAFETY AND SOCIAL RESPONSIBILITIES

in accordance with the requirements of Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978 as amended.



Country Code / Code de pays  
GHA

Book Number / Numéro de livre  
**GMA-FB-3187**

Given Names / Prénoms  
**JOEL SEYRAM**

Nationality / Nationalité  
**GHANAIAN**

Date of Birth / Date de naissance  
26 OCT 1998

Sex / Sexe  
**MALE**

Place of Birth / Lieu de naissance  
HO

Place of Issue / Lieu de délivrance  
**ACCRA**

Authority / Autorité  
**GHANA MARITIME AUTHORITY**

Date of Issue / Date de délivrance  
23 APR 2024

Date of Expiry / Date d'expiration  
22 APR 2029

[illegible]



# REPUBLIC OF GHANA



# CERTIFICATE OF PROFICIENCY



The Government of Ghana certifies that the holder of this certificate has satisfactorily completed an approved training course in SECURITY AWARENESS AND DESIGNATED SECURITY DUTIES TRAINING in accordance with the requirements of Regulation VI/6 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978 as amended.



COPGHA<AKONIJOELSEYRAM<<M<<<<<<<<<<<<<<<<<<<<<<<<<<<<  
ID<GMA-1098-AJ-4078<3259FOA431DF4B67840B1CF980055DB5<5