



+25479696975



k4632151@gmail.com



93038-80100 Mombasa, Kenya

#### **QUALIFICATIONS**

#### **Professional Training**

Alison Online

Diploma in Food Industry Roles and Responsibilities 2022

# Standards of Training, Certification, and Watchkeeping for Seafarers (STCW)

Bandari Collage, Kenya

- Personal Survival Techniques
- · Fire Prevention and Fire Fighting
- · Elementary First Aid
- · Personal Safety and Social Responsibilities
- Security Awareness Training for All Seafarers

2019

#### **Certificate of Service**

Best Western Plus Creekside Hotel, Kenya 2015

#### **EDUCATION**

#### **Christian Industrial Training Centre**

1980 - 1982

#### Makupa Secondary

KHAMIS KITINDIO SALIM DAKTARI

COOK

#### **PROFILE**

I am a versatile and seasoned Cook with a proven track record of delivering exceptional culinary experiences in dynamic, sea-faring environments. I have a rich background in maritime catering I excel in managing galley operations efficiently and I am committed to delivering excellence in every culinary endeavor while navigating the complexities of life at sea.

#### **WORK EXPERIENCE**

#### Cook in the following vessels:

Date	Vessel
30/05/2023 - Present	Alpha Logistics EPZ
05/05/2022 - 20/10/2022	MV Aldoma DPII
10/01/2020 - 02/11/2021	MT Barakaa LE
04/10/18 - 28/09/19 11/01/18 - 20/07/18	M/V Mouje Darya
01/09/2017 - 05/05/18 10/11/17 - 28/07/17	Gulf Wave I
19/04/17 - 30/09/17 15/12/15 - 30/12/16	M/V Dina
17/03/12 - 20/11/13	MT. Unit Star
07/02/10 - 04/04/11 17/12/07 - 29/09/09	S/V Dream III
03/08/07 - 15/11/07	M/T Yassin
21/07/06 - 05/08/07	M/T Al Seineiya III

#### **SKILLS**

- Menu Planning
- · Adaptability
- · Food Safety and Hygiene
- Time Management
- · Resource Management
- · Team Collaboration
- · Problem-Solving
- · Culinary Creativity
- · Knowledge of International Cuisines
- · Inventory Management
- · Adherence to Maritime Standards

#### **REFERENCES**

#### Clive Emon Sketch

Chief Officer Sketch.clive@gmail.com +254 0791777256

#### **Ahmed Mustafa**

Captain hame.am39@gmail.com a.mustafa@fumbaports.com +254 715554581

#### Roles and Responsibilities:

- Prepare and cook meals for the crew, considering nutritional needs, dietary restrictions, and preferences
- Ensure proper storage, handling, and disposal of food in compliance with hygiene and safety standards
- Manage inventory of food supplies, ensuring an adequate stock for the duration of the voyage
- Keep the galley clean, organized, and in compliance with sanitation regulations
- · Maintain and clean kitchen equipment regularly
- Follow safety protocols and procedures in both deck and galley operations
- Participate in emergency drills and response activities
- Adapt recipes and meal plans based on ingredient availability, storage constraints, and dietary needs
- Utilize cooking skills to prepare a variety of dishes, considering the limited resources and space available on a ship



# EAST AFRICAN COMMUNITY REPUBLIC OF KENYA

This is to request and require in the Name of the President of the Republic of Kenya all those whom it may concern to allow the bearer to pass freely without let or hindrance and to afford the bearer such assistance and protection as may be necessary.

Hii ni kuwaomba na kuwasihi, kwa Jina la Rais wa Jamhuri ya Kenya, wote wanaohusika, kwa kusudi la kumruhusu mwenye pasi hii kupita bila kizuizi ama kipingamizi chochote na vile vile kumpa msaada na ulinzi wowote ambao utakaoonekana kuwa wa lazima.

Au nom de Son Excellence Monsieur le Président de la République de Kenya, nous vous prions de bien vouloir laisser librement circuler le titulaire de ce passeport et lui prêter main forte et protection en cas de nécessité. DESCRIPTION / MAELEZO / DESCRIPTION

Bearer / Mwenye Pasi / Titulaire

KHAMIS KITINDIO SALIM DAKTARI

Place of Residence / Mahali aishipo / Lieu de Résidence

**KISAUNI, SOKO MJINGA** 

Height / Urefu / Hauteur

5'9" ft/in 1.75 m/cm

Colour of Eyes / Rangi ya Macho / Couleur des Yeux

BLACK

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

KEN Surnamedina la Uka

DAKTARI

AK0645021

KHAMIS KITINDIO SALIM

KENYAN

27 AUG 1964

563353 Sex Jinsia/Sexe Place of Birth/Mahali pa Kuzaliwa/Lieu de Naissa

M MOMBASA, KEN

Date of Issue/Tarche ya Kutolewa/Date de Délivrance

16 DEC 2019

15 DEC 2029

GOVERNMENT OF KENYA

Holder's Signature/Sahthi ya Mwenye Pasi/ Signature du Titulaire

Skami

P<KENDAKTARI<<KHAMIS<KITINDIO<SALIM<<<<<<< AK06450216KEN6408273M29121548620621<<<<<36

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\*These columns are to be filled in at time of engagement.

†In Engineers' Books insert Horse Power. In Radio Officers' Books insert gross tonnage and wireless classification of Ship.

Compiled from Lists of Crew and Official and copy of Report of Character.

)F DISCHARGE

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og Books or from other Official Records.

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#### CERTIFICATEDF DISCHARGE

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Compiled from Lists of Crew and Officia og Books or from other Official Records. and copy of Report of Character desired by the Seafarer.

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No.	*Name of ship and official number and tonnage	Date and	place of Discharge	*Rating		Signature of (1) Master, and of (2) Officer and officer stamp	
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†In Engineers' Books insert Horse Power. In Radio Officers' Books insert gross tonnage and wireless classification of Ship.

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Official Stamp



Republic of Kenya

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

CDC No. 0937

(Issued in Accordance with Section 125 of the Merchant Shipping Act, 2009) PERSONAL

All particulars to be in BLOCK CAPITALS

Surname: DAKTARI

Other Names: KHAMUS KITINDID SALIM

Birth: (a) Date: 27/8/1964 (b) Place: MOMBASA

Colour of (a) Eyes: BLACK

(b) Hair: BLACK

Complexion: BLACK Height:

Distinguishing Marks (if any): NONE

Nationality: KENYAN

Home Address: 10- BOX 16701

MOMBASA

NEXT OF KIN

Name: SAMM DAKTARI KHAMIS

Relationship: SON

Address: P-0. BOX 16701

MOMBASA

2

DESCRIPTION

PHOTOGRAPH OF SEAFARER



R.S. Embossing Stamp

SIGNATURE OF SEAFARER

LEFT THUMB PRINT (AND SIGNATURE OF A WITNESS IF SEAFARER CANNOT WRITE HIS NAME)

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

#### Certificate of Proficiency

# BASIC SAFETY TRAINING FOR SEAFARERS

The Government of the Republic of Kenya certifies that

Name

KHAMIS KITINDIO SALIM DAKTARI

Passport/ Id. No

:A1655797

Country of Birth

Date of Birth

:27 August 1964

Signature of holder



has been found duly qualified in

Training	STCW Code	Date of Expiry
	Table A-VI/1-1	25 October 2024
Personal Survival Techniques	Table A-VI/1-2	25 October 2024
Fire Prevention and Fire Fighting	Table A-VI/1-3	N/A
Elementary First Aid	Table A-VI/1-4	N/A
Personal Safety and Social Responsibility	Table A-VI/1-4	

conducted in accordance with the provisions of Regulation VI/I 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 October 2019

Signature:

Name: Capt. Mbarak M. Zaunga

Certificate No: BST 0463

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 SICW, 1978 as a mended.

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 95010-30104 Authority.

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

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

S No. 1080



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

:KHAMIS KITINDIO SALIM DAKTARI

Passport/ Id. No

:A1655797

Country of Birth

:KENYA

Date of Birth

:27 August 1964

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 October 2019

Signature:

Name: Capt. Mbarak M. Zaunga

Certificate No: SAT 0707

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.go.by making an inquiry to the above address.



#### REPUBLIC OF KENYA

#### SEAFARER MEDICAL CERTIFICATE

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

Nationality: Description No. No. No. No. No. No. No. No. No. Observation of Birth 28 Discharge book No. Gender Male	First name: December   Middle name(s): KITIN D	01
This is to certify that above named seafarer has been examined in accordance with the Seafarers' medical fitness structification requirements established in accordance with the provisions of the STCW Convention, 1978 as amended, reand Maritime Labour Convention 2006, regulation 1.2 found to be fit for sea service, subject to any limitations indicated to the provision of the STCW Convention, 1978 as amended, reand Maritime Labour Convention 2006, regulation 1.2 found to be fit for sea service, subject to any limitations indicated to the provision of the STCW Convention, 1978 as amended, reand Maritime Labour Convention 2006, regulation 1.2 found to be fit for sea service, subject to any limitations indicated to the provision of the STCW Convention, 1978 as amended, reand Maritime Labour Convention 2006, regulation 1.2 found to be fit for sea service, subject to any limitations of test (dd/mm/3339);		
Confirmation that identification documents were checked at the point of examination  Hearing meets the standards in STCW Code Section A-I 9? Date of test (dd/mm/yyyy).  Unaided hearing satisfactory?  Visual acuity meets standards in section A-I 9? Visual aids (if worn) Spectacles Contact lenses None  Colour vision meets standards in section A-I 9? Date of last color vision test:  Fit for look-out duties? (Deck and Engine Dept. only)  Limitations or restrictions on fitness?  "Yes", specify limitations or restrictions:  Examination form No:  Is the scafarer free from any medical condition likely to be aggravated by service at sea or to render the scafarer fit for such service or to endanger the health of other persons on board?  It is the scafarer free from any medical condition likely to be aggravated by service at sea or to render the scafarer fit for such service or to endanger the health of other persons on board?  It is the scafarer free from any medical condition likely to be aggravated by service at sea or to render the scafarer fit for such service or to endanger the health of other persons on board?  It is the scafarer free from any medical condition likely to be aggravated by service at sea or to render the scafarer fit for such service or to endanger the health of other persons on board?  Date of Expiry* (dd/mm/yyyy)  Place of Expiry* (dd/mm/yyyy)  Name (print):  MUCAL PRACTITIONER  Sign:  Place of issue: Mr. MUCAL ASA GROUND (print):  MOMBASA, KENYA.  MOMBASA, KENYA.  AFARER'S DECLARATION: I hereby confirm that I have been informed about the content of this certificate and	Rank Job: Department:	
Confirmation that identification documents were checked at the point of examination  Hearing meets the standards in STCW Code Section A-I 9? Date of test (dd/mm/yyyy).  Unaided hearing satisfactory?  Visual acuity meets standards in section A-I 9? Visual aids (if worn) Spectacles Contact lenses None  Colour vision meets standards in section A-I 9? Date of last color vision test:  Fit for look-out duties? (Deck and Engine Dept. only)  Limitations or restrictions on fitness?  "Ves", specify limitations or restrictions:  Examination form No:  Is the scafarer free from any medical condition likely to be aggravated by service at sea or to render the scafarer fit for such service or to endanger the health of other persons on board?  It is the scafarer free from any medical condition likely to be aggravated by service at sea or to render the scafarer fit for such service or to endanger the health of other persons on board?  It is the scafarer free from any medical condition likely to be aggravated by service at sea or to render the scafarer fit for such service or to endanger the health of other persons on board?  It is the scafarer free from any medical condition likely to be aggravated by service at sea or to render the scafarer fit for such service or to endanger the health of other persons on board?  It is the scafarer free from any medical condition likely to be aggravated by service at sea or to render the scafarer fit for such service or to endanger the health of other persons on board?  It is the scafarer free from any medical condition likely to be aggravated by service at sea or to render the scafarer fit for such service or to endanger the health of other persons on board?  It is the scafarer free from any medical condition likely to be aggravated by service at sea or to render the scafarer fit for such service or to endanger the health of other persons on board?  It is the scafarer free from any medical condition likely to be aggravated by service at sea or to render the scafarer fit for such service or to	ecordance with the provisions of the STCW Convention, 1978 as amended, regulati	
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Is the scafarer free from any medical condition likely to be aggravated by service at sea or to render the scafarer of the sca		0
RECIGNIZED MEDICAL PRACTITIONER  Sign:  Sign: Sign	Examination form No:	
REGISTRAR OF REVISION AREA  Sign:  Name (print):  Viace of explorination.  Catherina Health H	lition likely to be aggravated by service at sea or to render the seafarer lth of other persons on board?	-
Sign:  Name (print):	Date of Expiry* (dd/mm/yyyy), 22 7 2024	1
EAFARER'S DECLARATION: I hereby confirm that I have been informed about the content of this certificate and opeal in accordance with the Merchant Shipping (Seafarer Medical and Eyesight) Regulations, 2016.	Sign RELIGIOUS OF XENYAN SHIPS A SEAFARERS  Name (print): MwGA LEC  Y Place of issue: Mr. M. A. A.  Seal tamp: P. O. BOX 35076 - 80104, MOMBASA, KENYA.	
opeal in accordance with the Merchant Shipping (Seafarer Medical and Eyesight) Regulations, 2016.	confirm that I have been informed about the content of this certificate and my i	righ
gnature of the seafarer: *Valid for a maximum period of two years unless the seafarer is under th		

REPUBLIC OF KENYA



MINISTRY OF HEALTH

International Certificate of Vaccination or Prophylaxis

International Health Regulations (2005)

Certificat International de Vaccination Ou de Prophylaxie

Règlement Sanitaire International (2005)

#### PORT HEALTH SERVICES

Issued to/ Delivre a

KHAMIS KITINDIO SALIM DAKTARI

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

AKO 645021

#### INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS CERTIFICATE\* INTERNATIONAL DE VACCINATION OU DEPROPHYLAXIS Requirements for validity This is to certify that (name) Date of birth 27 Aug 1964 Sex M Nous certifions que (nom) ...... Nationality KENSTAN et de nationalité..... document d'identification national, le cas écheant.. donr la signature suit ..... has on the date indicated been vaccinated or received prophylaxis a éte vaccine(e) ou a reçu des agents prophylactiques a la in date against: (name of disease or condition) indiquée contre: (non de la maladie on de l'affection) YELLOW FEVER in accordance with the International Health Regulation. conforment au Règlement sanitaire international. Signature and professional Manufacturer and parch no. of vaccine or prophylaxis Date Vaccine or prophylaxis Certificate valid Official stamp of the status of supervising . Vaccin ou agent from: administering centre Date elinician prophylactique until: Cachet officiel du et titre du abyican du vaccin ou l'agent pubpliylactique Certificate valable á centre habilité partir du: EALTH AU Conumedo du lot jusqu' au: 28TH JAN 1974 STAMARIL JOMO 2020 KENYATTA JAN NAIROBI MFE 2020 TIME \* Requirements for validity of certificate on page 2

Voir les conditions de validite à la page 3



# 2580214

# REPUBLIC OF KENYA

FORM D

# THE FOOD, DRUGS AND CHEMICAL SUBSTANCES ACT (Cap. 254)

# CERTIFICATE OF MEDICAL EXAMINATION

Serial No
I hereby certify that I have this day examined  SALIM
Mr.Missand that
in my opinion he/she is fit under the Food, Drug and Chemical Substances (Food Hygiene)
Regulations to work at
(Name of Food Plant), Plot No S. E. C. C.
Town Market Mb (NBASA
This certificate is valid for six months with effect from 29 114 may
20, 23 to 23
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rymete A. Otieno
(Standare and Name of Medical Afficar)
7.00
PUBLIC HEALTH OFFICER
43692 GANJONI/SHIMANZIWARD
MVITA SUB- COUNTY
21/25/29
Date 3105 2023 Date: 31105 23ign: 3

(Official Stamp of Medical Institution)

#### ORIGINAL



2580214

# REPUBLIC OF KENYA

FORM D

THE FOOD, DRUGS AND CHEMICAL SUBSTANCES ACT

(Cap. 254)

# CERTIFICATE OF MEDICAL EXAMINATION

Serial No	
I hereby certify that I have this day examined	
Mr.Mrs.Miss TAMISI SA	LIM and that
in my opinion he/she is fit under the Food, Drug and Che	
Regulations to work atCANJON!	reportations the assessment to the second to
(Name of Food Plant), Plot No. SECCO	7515317900833700398894580431047
Town Monsos	000000000000000000000000000000000000000
This certificate is valid for six months with effect fro	m 29TH MAY
	NOVEMBER 2023
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Otonerure	and Mame of Medical Officer)
150h	
PUE	SLIC HEALTH OFFICER
	JONI/SHIMANZI WARD
	AVITA SUB- COUNTY
Date 31105 2023 Date	31/05/23ign: 30

(Official Stamp of Medical Institution)







This is to certify that

# Khamis Kitindio Salim Daktari

Successfully obtained

Diploma in Food Industry Roles and Responsibilities



Maere Richardson

Director of Certification



25th January 2022

Date of Award

NATIONAL POLICE SERVICE



# DIRECTORATE OF CRIMINAL INVESTIGATIONS

DIRECTORATE OF CRIMINAL INVESTIGATIONS HEADQUARTERS P.O.Box 30036-00100 GPO NAIROBI, KENYA

Ref. No. PCC-AKTKRJA7

Date. 22 January 2023

### POLICE CLEARANCE CERTIFICATE

I hereby certify that the fingerprints recorded from

#### HAMISI KITINDIO SALIM

holder of ID No. **8620621** 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

(P.M. Onyango)

For: Director, Directorate of Criminal Investigations

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