

## Curriculum Vitae



Personal Details			
Rank:	A/B	Nationality:	Nigerian
First Names:	Benjamin Noble	Surname:	Pii
Date of birth:	05-05-1985	Place of birth:	Port Harcourt
Telephone:	+2348068835358	Requested Salary:	Negotiable
Mobile Phone:	+2348068835358	Nearest Airport:	Port Harcourt International Airport Rivers State, Nigeria
E-mail:	noble.benjamin@yahoo.com	Shoes size:	42/43
LinkedIn		Overall size:	L/XL
Home Address:	No 15 Samuel Amadi Close Rukpokwu port Harcourt Rives State		

Next of Kin			
Surname:	Pii	Name:	Samuel
Relationship:	Brother	Telephone:	+2348068130140
Home Address:	No 15 Samuel Amadi Close Port Harcourt Nigeria.	Email:	

Travel Documents	Number	Country of Issue	Issued on	Expires on
National Passport:	B02137082	Nigeria	03/06/2023	02/06/2028
Seaman's Book:	NIG-042949	Nigeria	19/06/2013	No Expiry
Seaman's ID:	N/DR/7873	Nigeria		No Expiry

Education Background	Program	Year Graduated
University of Port Harcourt	Bsc in computer science	2008
Senior School Certificate	WAEC	2003

STCW Certificates	Number	Country of Issue	Issued on	Expires on
Certificate of competency-11/5	NAB.NAV.3386	Nigeria	24/10/2020	
Certificate of competency-11/4	NRAT.NAV.5038	Nigeria	17/04/2014	
ISPS	03788	Nigeria	06/11/2014	No Expiry
EDH	ED/004162	Nigeria	02/8/2013	No Expiry
Personal Survival Techniques	JINSR/STCW/1-4/34921/2023	Nigeria	31/1/2023	30/1/2028
Fire prevention & Fire Fighting	JINSR/STCW/1-4/34921/2023	Nigeria	31/1/2023	30/1/2028
Elementary First Aid	JINSR/STCW/1-4/34921/2023	Nigeria	31/1/2023	30/1/2028
Personal Safety & Social Responsibilities	JINSR/STCW/1-4/34921/2023	Nigeria	31/1/2023	30/1/2028
Prof. in Survival Craft& Rescue Boats	MRT/PSCRB/1940/2023	Nigeria	07/07/2023	06/07/2028
OTF	MRT/OTF/2247/2023	Nigeria	05/07/2023	04/07/2028
Heath, Safety And Environment-Level 1,2,3	HSE01032200035	Nigeria	01/03/2022	01/03/2027

Medical Certificates	Number	Country of Issue	Issued on	Expires on
Physical Examination	EZP000221	Nigeria	10/07/2023	09/07/2025
Yellow Fever Vaccination	A147953	Nigeria	24/02/2014	Life time
Covid 19	NG-TO13984757KP	Nigeria	04/11/2021	Life time

## Curriculum Vitae

Previous Sea Service								
#	From	To	Vessel	Flag	GRT	Type	Position	Company
1	24/10/2016	24/10/2017	DELMA-11	UAE	1150	LCT	A/B	Advance Marine Solution LLC Abu Dhabi UAE
2	28-01-2018	24-10-2018	DELMA-11	UAE		LCT	A/B	Advance Marine Solution LLC Abu Dhabi UAE
3	07/01/2019	08/05/2019	NSC GLORY	Liberia	10,043	Offshore accommodation barge	A/B	Project masters Nigeria limited
4	28/5/2019	05/08/2019	NSC GLORY	Liberia	10,043	Offshore accommodation barge	A/B	Project masters Nigeria limited
5	03/01/2020	03/03/2020	KING JESUS	Nigeria	1500	AHTS	A/B	Project masters Nigeria limited
6	04/05/2020	05/08/2020	KING JESUS	Nigeria	1500	AHTS	A/B	Project masters Nigeria limited
7	05/09/2020	04/12/2020	KING JESUS	Nigeria	1500	AHTS	A/B	Project masters Nigeria limited
8	07/04/2022	6/6/2022	Princess Arjiroghene	Nigeria	3120	Offshore Platform Supply Vessel	A/B	Beneprojecti Nig Ltd
9	07/03/2023	05/06/2023	Princess Arjiroghene	Nigeria	3120	Offshore Platform Supply Vessel	A/B	Beneprojecti Nig Ltd
10	05/08/2023	06/06/2023	Princess Arjiroghene	Nigeria	3120	Offshore Platform Supply Vessel	A/B	Beneprojecti Nig Ltd
	03-03-2024	16/04/2024	NSC GLORY	Liberia	10,043	Offshore accommodation barge	A/B	Project masters Nigeria limited

Reference ;upon Request





Certificate No : JINSR/STCW/1-4/34921/2023

## JOEMARINE INSTITUTE OF NAUTICAL STUDIES & RESEARCH

39th St. Plot 10, DDPA Estate, Warri, Delta State, Nigeria  
07032782175, 08060716430

08:30 hours - 17:00 hours

Email: info@joemarineng.com; epideimarine@yahoo.com & www.joemarineng.com/institute



### STCW BASIC SAFETY TRAINING

*This is to Certify that*

**PII BENJAMIN NOBLE**

Date of Birth **05 May 1985**


Has successfully completed a programme of training approved by the Nigerian Maritime Administration And Safety Agency (NIMASA), meeting the requirement laid down in accordance with Section A-VI/1 of the STCW 2010 Manila Amendments and in accordance with the various Tables below; as stated in the STCW Code as amended.

Personal Survival Techniques  
Fire Prevention & Fire Fighting  
Elementary First Aid  
Personal Safety & Social Responsibilities

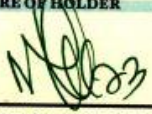
Table A-VI/1-1  
Table A-VI/1-2  
Table A-VI/1-3  
Table A-VI/1-4

From: 30 Jan 2023

To: 31 Jan 2023

  
SIGNATURE OF HOLDER



  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE OF ISSUE **31 JANUARY, 2023** (This certificate is valid for 5 years)

Nigerian Maritime Administration & Safety Agency (NIMASA) Approved

NIS ISO 9001-2015  
Certified Company

BS ISO 29993-2017  
Certified Institute





# CHARKIN MARITIME SAFETY CENTRE

RIVERS STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY CAMPUS  
PORT HARCOURT - NIGERIA. Website: [www.charkingroup.com](http://www.charkingroup.com)



## *Certificate of Training*

**Charkin Maritime Safety Centre Certifies that**



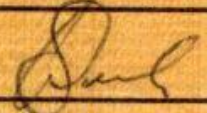
**PII BENJAMIN NOBLE**

Date of Birth 5TH MAY, 1985 Place of Birth BIARA

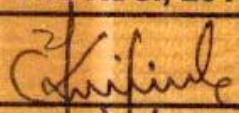
**Has successfully completed the following course**

**EFFICIENT DECK HAND**

From 29TH JULY, 2013

  
Administrator

To 2ND AUG., 2013

  
Course Coordinator



**CMSC** ED/ **004162**  
CERT

**2ND AUG., 2013**

Date of Issue

# CHARKIN MARITIME & OFFSHORE SAFETY CENTRE

PORT HARCOURT - NIGERIA. Website: [www.charkingroup.com](http://www.charkingroup.com)



## Certificate of Training

*This is to Certify that*

**PII BENJAMIN NOBLE**

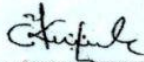
Has successfully completed a

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

Training Course at

**CHARKIN MARITIME & OFFSHORE SAFETY CENTRE**

and has met the Standard of Competence as specified in **SECTION A-VI/6,**  
**Table A-VI/6-1, Table A-VI/6-2 of the Revised STCW (2010)**



**CEO/MD**



**HOD**

No **03788**

**6TH NOV. 2014**  
Date Issued

**CMOSC/SAT/11/14**



# MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

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



MRT/PSCRB/1940/2023  
Certificate Number

This is to certify that

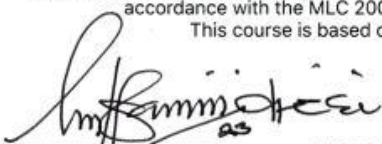
**PII BENJAMIN NOBLE**

Has successfully completed an approved training in:

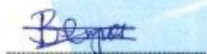
## PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOATS (OTHER THAN FAST RESCUE BOAT)

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. Also in accordance with the MLC 2006 Convention (Maritime Labour Convention 2006)

This course is based on the guidelines of IMO Model Course 1.23

  
Signature of Instructor

Issue Date  
07/07/2023

  
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/OTF/2247/2023  
Certificate Number

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

This is to certify that

**PII BENJAMIN NOBLE**

Date of Birth: 05/05/1985

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  
05/07/2023



Signature of Holder



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





**CHARKIN**  
MARITIME & OFFSHORE SAFETY CENTRE

# Certificate of Training

AWARDED TO

**PII BENJAMIN NOBLE**

HAVING SUCCESSFULLY COMPLETED  
AN APPROVED COURSE



**TROPICAL BASIC OFFSHORE SAFETY INDUCTION & EMERGENCY TRAINING**

Which includes: Offshore Safety Induction, Huet with EBS, Fire Fighting & Self  
Rescue, First Aid, Sea Survival & Lifeboat.

Course conducted in accordance with NUPRC Nigeria approved Standards.

**COURSE LEADER**

**CM4015823201204**

CERTIFICATE NUMBER



**18-12-2023 - 20-12-2023**

COURSE DATE

**DIRECTOR**

**19-12-2027**

VALID UNTIL



Km 4, East-West Road, Ozuoba,  
Port Harcourt, Rivers State, Nigeria

Tel: +234 (0)703 626 1006  
Email: [info@charkincentre.com](mailto:info@charkincentre.com)  
[safetytraining@charkincentre.com](mailto:safetytraining@charkincentre.com)

**0022809**

For certificate verification please log on to [www.charkincentre.com](http://www.charkincentre.com)







**CHARKIN MARITIME & OFFSHORE SAFETY CENTRE**

## **Certificate of Competency**

**Awarded to**

**PII BENJAMIN NOBLE**



**For having successfully completed  
Tropical Basic Offshore Safety Induction &  
Emergency Training (T.B.O.S.I.E.T.)**

*Course Conducted in accordance with DPR approved standards*

**ISSUED: 20/12/2023**

**EXPIRES: 19/12/2027**

*Charkin*

**Cert. No.: Cm4015823201204**

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



CERT. NO. NRAT.NAV.5038

**CERTIFICATE OF PROFICIENCY**

This is to certify that **PII BENJAMIN NOBLE** is qualified as **Rating Forming**  
**Part of Navigational Watch** in accordance with the provisions of **...Regulation. II/4...** 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 a  
Certificate of that designation.


This 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 ... **05/05/85** .....

Date of issue..... **17/04/2014** .....

Signature of Holder of the Certificate  .....

Signature of Authorised official  .....

**ENGR. VINCENT C. UDOYE**



# FEDERAL REPUBLIC OF NIGERIA



## Certificate of Competency Verification Merchant Shipping Act

(Training & Certification of Seafarers)  
Regulation 2010



<b>CERTIFICATE NUMBER:</b>	NRAT.NAV.5038
<b>NAME:</b>	PII BENJAMIN NOBLE
<b>CAPACITY:</b>	RATING FORMING PART OF NAVIGATIONAL WATCH
<b>LIMITATION:</b>	UNLIMITED
<b>STCW REG:</b>	II/4
<b>DATE OF BIRTH:</b>	05-May-1985
<b>ISSUE DATE:</b>	17-Apr-2014
<b>LAST REVALIDATION:</b>	17-Apr-2014
<b>VALID UNTIL:</b>	16-Apr-2020
<b>DISCHARGE BOOK NUMBER:</b>	NIG-042949

Certificate Issued Under The Provision Of The International Convention On Standard Of Training,  
Certification And Watchkeeping For Seafarers.



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



CERT NO. **NAB.NAV.3386**

**CERTIFICATE OF PROFICIENCY**

This is to certify that **PH BENJAMIN NOBLE** 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: **05/05/85**

Date of issue: **24/10/2020**

Signature of holder of Certificate:

Signature of Authorized official:   
**CAPT. SUNDAY M. UMOREN**



# FEDERAL REPUBLIC OF NIGERIA



## Certificate of Competency Verification Merchant Shipping Act

(Training & Certification of Seafarers)  
Regulation 2010



<b>CERTIFICATE NUMBER:</b>	NAB.NAV.3386
<b>NAME:</b>	PII BENJAMIN NOBLE
<b>CAPACITY:</b>	ABLE SEAFARER (DECK)
<b>LIMITATION:</b>	UNLIMITED
<b>STCW REG:</b>	II/5
<b>DATE OF BIRTH:</b>	05-May-1985
<b>ISSUE DATE:</b>	24-Oct-2020
<b>LAST REVALIDATION:</b>	24-Oct-2020
<b>VALID UNTIL:</b>	23-Oct-2025
<b>DISCHARGE BOOK NUMBER:</b>	NIG-042949

Certificate Issued Under The Provision Of The International Convention On Standard Of Training,  
Certification And Watchkeeping For Seafarers.



NAB.NAV.3386





# FEDERAL REPUBLIC OF NIGERIA

213436

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: PII	Given Names: BENJAMIN NOBLE
Discharge Book No: SSID NO: 042-949	Passport No:
Date of Birth: 01/05/1985	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 I/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Visual acuity standards as in STCW A-I/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-I/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):	10/1/2023	Please specify restriction:	

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

Restrictions
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 checked="" type="checkbox"/> No <input 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
10/07/2023	09/07/2025

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: [Signature]

Name, Signature and Official stamp/seal of Approved Doctor:
HRM DR. S. AMAECOM [Signature]







# 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: PIL, BENJAMIN NOBLE Discharge Book No: 042947  
(Surname first)

#### APPEARANCE

General condition satisfactory, Normal Gait, Posture, Movement

#### GENERAL EXAMINATION

Weight: 75kg Height: 168cm Gait: ☒ Normal ☐ Abnormal

Temperature: 36.22 Blood Pressure: 101/80mmHg Pulse Rate: 62bpm Pallor: NIL

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.) Genital Organs	<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>6/6</u>	<u>6/6</u>
Colour Vision	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

(1.) Blood Group & Genotype RT & LT

(2.) Full blood count NORMAL

(3.) VDRL ☒ Negative ☐ Positive

(4.) HIV ☒ Negative ☐ Positive

(5.) Hepatitis B Antigen ☒ Negative ☐ Positive

(6.) Widal (for Catering Dept)

(7.) Urinalysis NORMAL

(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"/>

Signature of Physician: DR SN AMBETHI  
Physician's Name

Physician's Address/ Telephone No. NORBERTO REYNOLDS  
P.O. BOX 0803309126







**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: P11 OTHER NAMES: BENJAMIN NOBLE  
DATE OF BIRTH: 05-05-85 AGE: 38 SEX: M NATIONALITY: NIGERIAN  
DATE OF APPLICATION: 10-07-23 PLACE OF BIRTH: RIVERS STATE  
Discharge Book NO.: 042949 Company: \_\_\_\_\_ Vessel: \_\_\_\_\_  
Address: PORT HARCOURT, R/STATE

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 in 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)**

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

**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 NL

P11 BENJAMIN NOBLE 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)

10/07/2023  
Date

P11 BENJAMIN NOBLE  
Name of Applicant

[Signature]  
Signature of Applicant





## SEAFARERS REGISTRATION FORM

PDS:		SURNAME: Pii			
RANK APPLIED FOR: ABLE SEAMAN		GIVEN NAME: BENJAMIN NORIE			
WILLING TO ACCEPT LOWER RANK:		NATIONALITY: NIGERIAN			
PERSONAL DETAILS: noble.benjamin@yahoo.com					
MARITAL STATUS: Married	RELIGION: Christianity				
WEIGHT: 64.7 kg	HEIGHT: 1.68m				
DATE OF BIRTH: 5-5-1985	PLACE OF BIRTH: GOKANA R/S				
MOTHER'S LANGUAGE: GOKANA					
OTHER LANGUAGES: ENGLISH LANGUAGE					
PARENTS MOTHER NAME: Pii Evelyn					
PRESENT ADDRESS: No 15 Samuel Amadi Close Rukpokwiri PH					
PHONE: +2348068835358					
NEXT OF KINS NAME AND ADDRESS: DAVID BENJAMIN (SON)					
PHONE: +2348068835358 Same Address					
WIFE AND CHILDREN NAMES	DATE OF BIRTH	PASSPORT NUMBER	ISSUING AUTHORITY	PLACE OF ISSUING	
DOCUMENTS	DOC. NO	ISSUED	EXPIRES	ISSUING AUTHORITY	ISSUING PLACE
PASSPORT	A09308987	13-06-18	12-06-23	IMMIGRATION	ABU DHABI
SEAMAN'S BOOK-NATIONAL	016-043949	19-6-2013		NIMASA	PORT HARCOURT
SEAMAN'S BOOK-FLAG STATE 1					
SEAMAN'S BOOK-FLAG STATE 2					
MEDICAL CERTIFICATE	EZP 000238	1-4-19	1-4-2021	VALENTINE	PORT HARCOURT
VACCINATION-YELLOW FEVER	A147953	2-2-2014	2-2-2024	PORT HEALTH	PORT HARCOURT

No: 5 Samuel Amadi Close  
Rukpokwu  
Port Harcourt  
Rivers State.

16<sup>th</sup> MAY 2022.

Nigeria Maritime Administration & Safety Agency  
Nigeria Port Authority, Complex  
Area I Command,  
Port Harcourt  
Rivers State.



N/DR/7873

Dear Sir

### REQUEST FOR REGISTRATION STATUS AS A SEAFARER

I **BENJAMIN NOBLE PII** of the above address wishes to request for registration status of my seafarer identification number from the Nigeria Maritime Administration & Safety Agency (NIMASA).

Attached here are credentials for your perusal:

1. DISCHARGE BOOK NO:	NIG-042949
2. DATE OF BIRTH :	5 <sup>TH</sup> MAY 1985
3. YELLOW CARD:	A147953
4. COC:	NAB.NAV.3386
5. RANK:	A/B
6. STCW:	HP0458RV
7. MEDICAL:	EZP 000203
8. PASSPORT NO:	A09308987
9. ISPS:	03788
10. EDH:	004162
11. HUET:	CM423919200303

Thanks For Your Anticipant Grant.

Yours Faithfully,

**BENJAMIN NOBLE PII**  
**08068835358**



### Protection contre le paludisme

Le paludisme, est une maladie grave, parfois mortelle, qui sevit encore à l'état endémique dans un très grand nombre des pays tropicaux et subtropicaux. Vous devez vous protéger contre les piqures des moustiques (usage de moustiquaires imprégnées, répulsifs). En outre, les médicaments antipaludiques peuvent être utiles, soient pris régulièrement à titre préventif, soient tenus en réserve. Pour le traitement d'urgence d'une fièvre causée par les parasites, les médicaments sont variables et changeants, veuillez consulter votre médecin ou l'institution spécialisée la plus proche, ou encore la dernière édition de la brochure de l'OMS ainsi qu'avoir les certificats de vaccination exigés et conseils d'hygiène pour les voyages internationaux.

Si vous prenez des médicaments antipaludiques à titre préventif, il est nécessaire de les prendre de façon absolument régulière, de préférence pendant ou immédiatement après un repas plutôt par intermittence, et de continuer pendant les six semaines suivantes.

Aucune méthode ne peut garantir une protection complète. Si une fièvre se déclare entre une semaine après la première exposition et jusqu'à deux ans après votre guérison, ne manquez pas de consulter votre médecin et de l'informer de votre séjour dans une région impaludée.

### FEDERAL REPUBLIC OF NIGERIA



### INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS CERTIFICAT INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Issued to / Delivré à

PII BENJAMIN  
XOBLE

Passport No. or Travel Document No.

Numero du passeport ou de la pièce justificative

B0121137101812



(Scan QR Code  
to verify)



G1239620

INTERNATIONAL HEALTH REGULATIONS (2005)  
REGLEMENT SANITAIRE INTERNATIONAL (2005)

# INTERNATIONAL CERTIFICATE OF

This is to certify that (name) PIL B. N  
 Nationality NIGERIAN  
 whose signature follows [Signature]  
 against: (name of disease or condition) Yellow fever

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician
<u>Yellow fever vaccine</u>	<u>14 NOV 2024</u>	<u>[Signature]</u> PORT HEALTH OFFICER FMOH, NIGERIA CODE: 3301

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 05.05.1985 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>SIDMARIL</u> <u>LOTW3668</u> <u>05/24</u>	<u>14.8.24</u> <u>2.6.25</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. The certificate may also be completed in another language on the same document, in addition to either English or French.

5 C1239620



OTHER VACCINATIONS - AUTRES VACCINATIONS

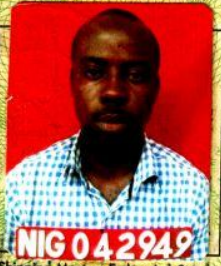
Date	Nature of vaccine Genre de vaccin	Dose	Physician's Signature Signature de medecin	Official Signature Function Official	Stamp
14 MAY 2024	Bm 17537005 CSM	0.5ml		PORT HEALTH OFFICE FMOH, NIGERIA CODE: 3301	

NIG- 042949

## DECLARATION

I DECLARE:

- (i) that the person to whom this Discharge Book relates has Satisfied me that he (she) is a seaman; and  
(ii) that the photograph affixed bearing my official stamp is a true likeness of that person, that the signature within is his (her) true signature, that he (she) possesses the physical characteristics entered within and has stated to me the date and Place of his (her) birth as entered within.



Shipping Masters Embossing Stamp

Signature of the Authorised officer

Name/Designation

Date 19th June 2013  
Shipping Master, PH.

2

NIG- 042949

## PARTICULARS OF SEAMAN

SURNAME (In block letters)

PII

OTHER NAMES (In full)

BENJAMIN  
NOBLE

Date of Birth

5.5.85

Place of Birth

BIARRA

Height

1.75M

Colour of Eyes

BROWN

Rolled Thumb Print Impressions

Left Thumb

Right Thumb

Signature of Seaman

3



NIG- 042949

NIG- 042949

## CERTIFICATES OF DISCHARGE

compiled from lists of Crew and Official Log Book or from other Official Records,  
and copy of Report of Character if desired by the Seaman

No	* Name of Ship Official Number Gross Tonnage Main Engine Kilowatts	Date and place of		* Rating	* Description of voyage**	Copy of Report of Character		Signature of (1) master, and of (2) Shipping Master and official stamp
		Engagement *	Discharge			For ability	For general conduct	
13	<div style="border: 1px solid black; padding: 5px;"> L.C.T. DELMA - 11  OFF. NO. 0008135  G.R.T. - 1150  PORT REG. 24-10-2016  ABU DHABI - U.A.E. </div>	U.A.E.	ABU DHABI DUBAI AIR		FGV	V/G	V/G	(1) (2) MASTER DELMA - 11
14		U.A.E.	ABU DHABI DUBAI AIR		FGM	V.GOOD	V.GOOD	(1) (2)
15		U.A.E.	ABU DHABI DUBAI AIR		FGV	V/G	V/G	(1) (2)
16		U.A.E.	ABU DHABI DUBAI AIR		FGV	V/G	V/G	(1) (2)
17	<div style="border: 1px solid black; padding: 5px;"> L.C.T. DELMA - 11  OFF. NO. 0008135  G.R.T. - 1150  PORT REG. 28-10-2016  ABU DHABI - U.A.E. </div>	U.A.E.	ABU DHABI DUBAI AIR		FGM	V.GOOD	V.GOOD	(1) (2)
18		U.A.E.	ABU DHABI DUBAI AIR		FGV	V/G	V/G	(1) (2)

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

\*\* FGN = Foreign Going  
NCV = Near Coastal Voyages









NIG- 042949

NIG- 042949

## CERTIFICATES OF DISCHARGE

compiled from lists of Crew and Official Log Book or from other Official Records,  
and copy of Report of Character if desired by the Seaman

No	* Name of Ship Official Number Gross Tonnage Main Engine Kilowatts	Date and place of		* Rating	* Description of voyage **	Copy of Report of Character		Signature of (1) master, and of (2) Shipping Master and Official Stamp
		Engagement *	Discharge			For ability	For general conduct	
19	GRT: 100	07-07-2019 ONNE PORT	08-05-2019 UBITUMANG	AB	19 NCV	V-GOOD	V-GOOD	(1)  (2) 97372
20		28-05-2019 UBIT UMANG	05-08-2019 ETIM SAFE ANCHORAGE	AB	20 NCV	VERY GOOD	VERY GOOD	(1)  (2) 97372
21		03-10-2019 UBIT 9P MOBIL FIELD	07-12-2019 UNAM CB MOBIL FIELD	AB	21 NCV	VERY GOOD	VERY GOOD	(1)  (2) 97372
22	KIMO JESUS IMO NO: 9668591 GRT: 100 NET: 500 Main Engine: 13840KW	03/01/20 ONNE PORT P.H	03/03/20 ONNE PORT P.H	A/B	22 NCV	VERY GOOD	VERY GOOD	(1)  (2) 97372
23	Call Sign: TSPZ IMO NO: 1510 GRT: 500 Main Engine: 13840KW	04 MAY 20 NGST OIL SHIPYARD P.H	05 AUG 20 ONNE P.H	A/B	23 NCV	V/G	V/G	(1)  (2) 97372
24	NO: 969857 Flag: NIGERIA Call Sign: 500H3 GRT: 100 NET: 500 Main Engine: 13840KW	05-SEPT 20 ONNE PORT P.H	04 DEC 20 NEST OIL SHIPYARD P.H	A/B	24 NCV	V/G	V/G	(1)  (2) 97372

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

\*\* FGN = Foreign Going  
NCV = Near Coastal Voyages

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NIG- 042949

NIG- 042949

## CERTIFICATES OF DISCHARGE

compiled from lists of Crew and Official Log Book or from other Official Records,  
and copy of Report of Character if desired by the Seaman

No	* Name of Ship Official Number Gross Tonnage Main Engine Kilowatts	Date and place of		* Rating	* Description of voyage**	Copy of Report of Character		Signature of (1) master, and of (2) Discharging Master and official stamp	
		Engagement *	Discharge			For ability	For general conduct		
25	PRINCESS AJIROGHENE PORT OF REGISTRY: LAGOS IMO: 9081364 GT: 3120 NT: 836 BHP: 4 x 1900KW	EBQK FROM 4-1-2021	ONNE PORT 5-3-2021	A/B	25	NCV	V/G	V/G	PRINCESS AJIROGHENE (1) MASTER [Signature] (2) [Signature]
26	PRINCESS AJIROGHENE PORT OF REGISTRY: LAGOS IMO: 9081364 GT: 3120 NT: 836 BHP: 4 x 1900KW	ONNE PORT 5-6-21	ONNE PORT 18-21	A/B	26	NCV	V/G	V/G	PRINCESS AJIROGHENE (1) MASTER [Signature] (2) [Signature]
27	PRINCESS AJIROGHENE PORT OF REGISTRY: LAGOS IMO: 9081364 GT: 3120 NT: 836 BHP: 4 x 1900KW	ONNE PORT 6-11-21	ONNE PORT 7-1-2022	A/B	27	NCV	V/G	V/G	PRINCESS AJIROGHENE (1) MASTER [Signature] (2) [Signature]
28	PRINCESS AJIROGHENE PORT OF REGISTRY: LAGOS IMO: 9081364 GT: 3120 NT: 836 BHP: 4 x 1900KW	ONNE PORT 7/8/2022	ONNE PORT 6/8/2022	A/B	28	NCV	V/G	V/G	PRINCESS AJIROGHENE (1) MASTER [Signature] (2) [Signature]
29	PRINCESS AJIROGHENE PORT OF REGISTRY: LAGOS IMO: 9081364 GT: 3120 NT: 836 BHP: 4 x 1900KW	ONNE PORT 7/9/2023	ONNE PORT 5/6/2023	A/B	29	NCV	VERY Good	VERY Good	PRINCESS AJIROGHENE (1) MASTER [Signature] (2) [Signature]
30	PRINCESS AJIROGHENE PORT OF REGISTRY: LAGOS IMO: 9081364 GT: 3120 NT: 836 BHP: 4 x 1900KW	ONNE PORT 5/8/2023	ONNE PORT 6/12/2023	A/B	30	NCV	VERY Good	VERY Good	PRINCESS AJIROGHENE (1) MASTER [Signature] (2) [Signature]

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

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\*\* FGN = Foreign Going  
NCV = Near Coastal Voyages

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**COVID-19  
VACCINE  
IS SAFE  
AND  
EFFECTIVE**

NATIONAL PRIMARY HEALTH CARE  
DEVELOPMENT AGENCY

NG-TO 13984757 KP



Client Copy

FEDERAL MINISTRY OF HEALTH  
NATIONAL PRIMARY HEALTH CARE  
DEVELOPMENT AGENCY



COVID-19 Vaccination Card

Part 1:

Basic Information

Card No.:.....  
Name: PII BENJAMIN Age: 36 Sex: M  
State: RIVERS LGA: PHACCA  
Ward: H Settlement: HARLEY  
Health Facility: RSUTH  
Name of Vaccinator: IBIFURO SAM-OMUBO  
Phone No. of LGA DSNO: 08068484019



Part 2:

PIL BENJAMIN NOBLE

VACCINE DOSE ADMINISTERED & AEFI

COVID-19 Dose	Product Name/Manufacturer Batch Number	Expiry Date	Date Given	Next Appointment	Any AEFI	Date of Onset of AEFI
Dose 1	<ul style="list-style-type: none"> <li>AstraZeneca/Oxford <input type="checkbox"/></li> <li>Johnson &amp; Johnson <input type="checkbox"/></li> <li>Pfizer <input type="checkbox"/></li> <li>MODERNA <input checked="" type="checkbox"/></li> </ul>	30/12/21	30/8/21	27/9/21		
Dose 2	<ul style="list-style-type: none"> <li>AstraZeneca/Oxford <input type="checkbox"/></li> <li>Pfizer <input type="checkbox"/></li> <li>MODERNA <input checked="" type="checkbox"/></li> </ul>	30/12/21	4/11/21	Completed		

1st Dose

Name of Health Officer:

Otoka Chikereun

Signature:

2nd Dose

Name of Health Officer:

Obifuro Sam - O

Signature:

Obifuro



# University of Port Harcourt



**Benjamin Noble Pii**

*Having fulfilled the requirements of the University  
and passed the prescribed examinations has this day been  
admitted by the Senate of the University to the degree of*

**BACHELOR OF SCIENCE**

*in*

**Computer Science**

*with*

**Third Class Honours**

*in testimony whereof we have hereto affixed the  
Common Seal of the University and our signatures.*

*Given at Port Harcourt this* Thirtieth  
*day of* July, Two Thousand and Fourteen.



Vice-Chancellor

Registrar



ORIGINAL  
P/EXC/16B111749

## NATIONAL YOUTH SERVICE CORPS

(DIRECTORATE HEADQUARTERS)

Plot 416, Tigris Crescent, off Aguiyi Ironsi street, Maitama, P.M.B, Abuja.



### LETTER OF EXCLUSION FROM NATIONAL SERVICE

*Pii, Benjamin Noble*

1. The above named person with matriculation number **U2008/5570562** graduated from **University of Port Harcourt** with **BSC. in Computer Science** in the year **2014**.
2. However, these categories of graduate, Part-Time have been excluded from participating in the National Youth Service Corps by the Federal Government with effect from 2001.
3. In view of the above, he is hereby issued this letter of Exclusion. I am therefore directed to request you to give him all necessary assistance and recognition.
4. Visit, <http://verify.nysc.org.ng> to verify this document.
5. Thank you.

Date of issue: **24 Nov 2016**



*(Signature)*

Director (Corps Certification)  
for Director General



# The West African Examinations Council

## West African Senior School Certificate

JUNE 2007

This is to Certify that: **PII BENJAMIN NOBLE**



born on: JANUARY 12, 1986

sex: MALE

having been in attendance at the following recognised school  
**COMMUNITY SECONDARY SCHOOL, BIARA**

sat The West African Senior School Certificate Examination  
and obtained the results shown below.



SUBJECT

GRADE

COMMERCE	C6
GEOGRAPHY	D7
GOVERNMENT	B2
ENGLISH LANGUAGE	C6
MATHEMATICS	D7
AGRICULTURAL SCIENCE	C6
BIOLOGY	E8
CHEMISTRY	C4
PHYSICS	C5
SUBJECTS RECORDED	NINE

CD 22

CANDIDATE No.  
**4331102187**

CERTIFICATE No.

**NGWASSCS 9624084**



*[Signature]*  
Chairman of Council

*[Signature]*  
Registrar to Council

Any alteration, erasure or absence of photograph renders this Certificate invalid.