NIMASA-MSSSD-E&C-RSL-09

NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY

TELEGRAM CABLES
MARITIME LAGOS
Tel: 01-2713617
Fax: 5871329
Telex: 23891, NAMARING
Website: www.nimasa.gov.ng

MARITIME HOUSE
4, Burma Road
Apapa
P. M. B. 12861
Lagos.

CERTIFICATE OF PROFICIENCY EXAMINATION

RESULT SLIP

NAME: NZE JONATHAN SUNDAY

EXAMINATION CENTRE: PORT HARCOURT

CERTIFICATE AWARDED: A-B ENGINE

NAME OF EXAMINER: E.S. UMOETOK

SIGNATURE OF EXAMINER:

DATE: 02/12/24

NIGERIAN MARITIME ADMINISTRATION & SAFETY AGENCY
NIMASA
DISTRICT SURVEYOR
PORT HARCOURT

MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

Okorodudu Close off Odibo Avenue, off Effurun Sapele Road Enerhen, Delta State. Tell: +234-8021122189, 08054722786

MRT/MAN/9695/2024
Certificate Number

STCW Basic Safety Training

This is to certify that

NZE JONATHAN SUNDAY

Date of Birth: 10/04/1995

Has successfully completed an approved training in:

Basic Safety Training

Personal Survival Techniques	**Regulation VI/1 and Section A-VI/1**, Paragraph 2.1.1
Fire Prevention & Fire Fighting	**Regulation VI/1 and Section A-VI/1**, Paragraph 2.1.2
Elementary First Aid	**Regulation VI/1 and Section A-VI/1**, Paragraph 2.1.3
Personal Safety & Social Responsibilities	**Regulation VI/1 and Section A-VI/1**, Paragraph 2.1.4

of the International Convention on Standards of Training, Certificate and Watchkeeping for Seafarers, (STCW) 1978 code 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
03/06/2024

Signature of Holder

NIMASA

IMO INTERNATIONAL MARITIME ORGANIZATION

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/PSCRB/3358/2024
Certificate Number

This is to certify that

NZE JONATHAN SUNDAY

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.

This Certificate is issued under the Authority of the Nigerian Maritime Administration and Safety Agency (NIMASA)

Signature of Instructor

Issue Date
07/06/2024

Signature of Holder

NIMASA

INTERNATIONAL MARITIME ORGANIZATION

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

MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

Okorodudu Close off Odibo Avenue, off Effurun Sapele Road Enerhen, Delta State, Nigeria. Tell: +234-8021122189, 08054722786

MRT/OTF/2925/2024
Certificate Number

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

This is to certify that

NZE JONATHAN SUNDAY

Date of Birth: 10/04/1995

Has successfully completed an approved training in:

Basic Training for Oil and Chemical Tanker Cargo Operation

In accordance with table A-V/1-1-1 of the STCW convention 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
05/06/2024

Signature of Holder

NIMASA

IMO INTERNATIONAL MARITIME ORGANIZATION

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

Certificate Number: 812

MARITIME ACADEMY OF NIGERIA

P.M.B 1089, ORON, AKWA IBOM STATE

(Established by Decree No 16 of 1988, now Cap M3 LFN 2010)

CERTIFICATE OF PROFICIENCY IN SECURITY AWARENESS

This is to certify that

Nze Jonathan Sunday

Date of birth: 10th April, 1995

Has successfully completed an approved training in:

Security Awareness

Regulation VI/6 and Section A-VI/6, Paragraph 4

of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978 (STCW Convention) as amended in 2010

This certificate is issued under the Authority of the Nigerian Maritime Administration and Safety Agency (NIMASA).

SIGNATURE OF INSTRUCTOR

SIGNATURE OF HOLDER

RECTOR

Date: 28th Sept, 2018

This Certificate is not valid without the Academy's Official Seal

Ekara Onne,
Eleme L.G.A.,
Rivers State,
Nigeria.
27th June, 2024.

NIEC/1452

Nigerian Maritime Administration & Safety Agency,
Nigerian Port Authority Complex,
Area 1,
Port Harcourt,
Rivers State,
Nigeria.

NIGERIAN MARITIME ADMINISTRATION & SAFETY AGENCY
DATE 27/06/2024 SIGN
MLS DEPT. PH. PORT

Dear Sir/Madam,

REQUEST FOR REGISTRATION STATUS / NUMBER

I, NZE, JONATHAN SUNDAY of the above address wishes to request for Registration Status of my Seafarer Identification Number from the Nigerian Maritime Administration & Safety Agency (NIMASA).

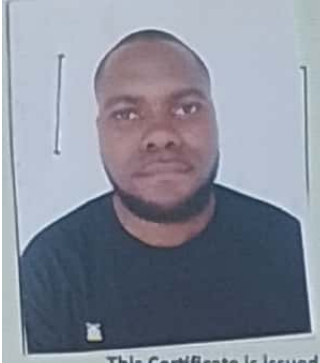
Attached herewith are my credentials for your perusal:

1. Discharge Book No.: NIG-062407
2. Date of Birth: 10/04/1995
3. Rank: ENGINE CADET
4. STCW No.: MRT/MAN/9695/2024

Thanks for your anticipated grant.

Yours faithfully,

Nze, Jonathan Sunday
08068405003



FEDERAL REPUBLIC OF NIGERIA

226755

NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY

SEAFARER'S MEDICAL CERTIFICATE

(NIMASA)

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: NZE	Given Names: SUNDAY JONATHAN
Discharge Book No: SSID NO:	Passport No:
Date of Birth: D D M M Y Y Y Y — 1 0 0 4 1 9 9 5	Nationality:
Sex: M ☑ F ☐	

Department:(Tick relevant box)

Deck ☐ Engine ☑ Catering ☐

Other (specify) _____

Rank _____

Declaration of the recognised doctor

ID checked at the point of examination	Yes ☑ No ☐	Hearing standards as in STCW A I/9	Yes ☑ No ☐
Visual acuity standards as in STCW A-I/9	Yes ☑ No ☐	Unaided Hearing satisfactory	Yes ☑ No ☐
Color vision standards as in STCW A-I/9	Yes ☑ No ☐	Is there any limitation or restriction on fitness?	Yes ☐ No ☑
Date of last colour vision test (dd/mm/yy):	25.06.24	Please specify restriction.	

Visual Aids (tick if worn)

Spectacles ☐ Contact lenses ☐

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 ☐ No ☑

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 ☑ 2. Fit-subject to restrictions ☐

Fit for look-out duty	Deck	Engine	Steward/Others
Fit ☐ Unfit ☐	Fit ☐ Unfit ☐	Fit ☑ Unfit ☐	Fit ☐ Unfit ☐

Date of Examination D D M M Y Y Y Y — 2 5 0 6 2 0 2 4

Expiry Date of Certificate D D M M Y Y Y Y — 2 4 0 6 2 0 2 6

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: _____

Name, Signature and Official stamp/seal of Approved Doctor:

MORNING STAR HOSPITAL'S INTERNATIONAL

DR. PATRICK OHIA

Date: 25/6/2024

NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY

NIMASA

SEAFARER'S MEDICAL EXAMINATION

PHYSICIAN'S EXAMINATION REPORT FOR SEAFARERS

UNDER REGULATION 1,2, STANDARD A1.2, OF MLC 2006

Name: NZE SUNDAY JOHNSON (Surname first) Discharge Book No: N062407

APPEARANCE HEALTHY

GENERAL EXAMINATION

Weight: 80kg Height: 1.71m Gait: Normal ✓ Abnormal

Temperature: 36.3°C Blood Pressure: 130/70mmHg Pulse Rate: 78bpm Pailor: NIL

Lumph Nodes: Palpable — Impalpable ✓ If palpable, state region/location

SYSTEMIC EXAMINATION

	Normal	Abnormal
(1.) Central Nervous System	✓	
(2.) Cardiovascular System	✓	
(3.) Respiratory System	✓	
(4.) Gastrointestinal System	✓	
(5.) Hernial Orifices	✓	
(6.) Endocrine System	✓	
(7.) Locomotor System	✓	
(8.) Orodental	✓	
(9.) Skin (Including Varicosities)	✓	
(10.) Ear, Nose & Throat	✓	

(3.) Eyesight

Visual Acuity	RT	LT
Without glasses	6/-9	6/-9
With glasses	6/-	6/-

Colour Vision: Normal ✓ Abnormal

(Enter Results)

(1.) Blood Group & Genotype: O+ & AA

(2.) Full blood count: NORMAL

(3.) VDRL: Negative ✓ Positive

(4.) HIV: Negative ✓ Positive

(5.) Hepatitis B Antigen: Negative ✓ Positive

(6.) Widal (for Catering Dept)

OTHER EXAMINATIONS

(1.) Speech (Voice Communication): Normal ✓ Abnormal

(2.) Hearing: RT ✓ LT ✓

- Audiometry: RT LT

(7.) Urinalysis: NORMAL

(8.) Chest X-Ray with Report: Normal ✓ Abnormal

(9.) Electrocardiogram: Normal Abnormal NOT DONE

MORNING STAR HOSPITAL'S INTERNATIONAL

Dr. P.C. OHIA
Physician's Name

Physician's Signature & Stamp

25-06-2024

MORNING STAR HOSPITAL LIMITED
95 IGBOLO ROAD OKRIKA RIVERS STATE
Physician's Address/Telephone No.
08036777364

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

NIMASA

A. APPLICANT'S BIODATA

SURNAME: NZE OTHER NAMES: SUNDAY JONATHAN

DATE OF BIRTH: 10-04-1995 AGE: 29 SEX: M NATIONALITY: NIGERIAN

DATE OF APPLICATION: 25-06-2024 PLACE OF BIRTH: ONNE

Discharge Book NO.: NO 62407 Company: Vessel:

Address: EKARA ONNE ELEME L.G.A RIVERS 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	☐	☑	(16.)	Sexually Transmitted Diseases (Gonorrhea, Syphilis, AIDS etc)	☐	☑
(2.)	Any surgical operation	☐	☑	(17.)	Any persistent Muscular weakness	☐	☑
(3.)	Any accident	☐	☑	(18.)	Loss of consciousness	☐	☑
(4.)	Any mental illness	☐	☑	(19.)	Pain in spine, Back or any Joint	☐	☑
(5.)	Any convulsions	☐	☑	(20.)	Balance problem	☐	☑
(6.)	Any Ear or Hearing problem	☐	☑	(21.)	Anal pain or swelling	☐	☑
(7.)	Any persistent Cough	☐	☑	(22.)	Restricted mobility	☐	☑
(8.)	Difficulty with breathing or breathlessness on mild exertion	☐	☑	(23.)	Excessive thirst	☐	☑
(9.)	Palpitations	☐	☑	(24.)	A sign-off as sick or a repatriation from a ship?	☐	☑
(10.)	High blood pressure	☐	☑	(25.)	Excessive weight loss	☐	☑
(11.)	Chest pain at rest or on exertion	☐	☑	(26.)	An unfit declaration for sea duty?	☐	☑
(12.)	Stomach pain	☐	☑	(27.)	Sugar in the Urine	☐	☑
(13.)	Any vomiting	☐	☑	(28.)	Your medical certificate restricted or revoked?	☐	☑
(14.)	Blood vomits or stool	☐	☑	(29.)	To wear contact Lens or Glasses	☐	☑
(15.)	Any problem passing urine	☐	☑	(30.)	To be placed on any medication	☐	☑

2. IMMUNIZATION HISTORY (Have you been immunized before)

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

3. SOCIAL/FAMILY HISTORY

		YES	NO
(A.)	Do you smoke, Take Alcohol or use drugs?	☐	☑
(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.)	☐	☑
(C.)	Do you have a medical or other condition not mentioned above?	☐	☑
(D.)	Others		

I, ...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)

25-06-2024 Date

NZE SUNDAY J. Name of Applicant

Signature of Applicant

MARITIME ACADEMY OF NIGERIA, ORON

Established in 1977 and upgraded by CAP 217
Laws of the FEDERATION OF NIGERIA, 1990
(Former Decree No. 16 of 1988).

MAN/ND No. A 2362

This is to certify that

Nze, Sunday Jonathan

having been in attendance and completed a course of study approved by the Academy and satisfactorily fulfilled the prescribed requirements, has by the authority of the ACADEMIC BOARD *of the Maritime Academy of Nigeria been awarded*

NATIONAL DIPLOMA (ND)

in Marine Engineering

at Upper Credit level

witness our hands this 19th day of Oct, in the year 2018

Registrar

Rector

Any alteration renders this certificate invalid

National Examinations Council (NECO)

Dr Nnamdi Azikwe road, Western Bye Pass, P.M.B 159, Minna, Niger State, Nigeria.

SSCE JUN/JUL Examination Result Details: NZE SUNDAY

Last Name:	NZE	**Exam No:**	23981521EG
Other Names:	SUNDAY	**Exam Year:**	2012
Center No:	0270550	**Exam Type :**	JUN/JUL
Centre Name :	VICTOR INTERNATIONAL SECONDARY SCHOOL, OGALE-ELEME		
***Card PinNo:**	08053		
Card Usage:	You Have logged in time(s)		

*** Please note that only the last five (5) characters of the Card PIN is displayed.**

	Subject	Grade	Remark
1	English Language	C4	CREDIT
2	Mathematics	C4	CREDIT
3	Economics	D7	PASS
4	Geography	C4	CREDIT
5	Government	C5	CREDIT
6	Biology	C5	CREDIT
7	Chemistry	C6	CREDIT
8	Physics	C5	CREDIT
9	Agricultural Science	C5	CREDIT

ELEME LOCAL GOVERNMENT

EDUCATION AUTHORITY

RIVERS STATE OF NIGERIA

CENTRE 024 EXAM NO. 022

First School Leaving Testimonial

Elementary Six

This is to certify that the Bearer

Nze Jonathan Sunday

Has completed His/~~Her~~ Elementary Six Course in

School U P C Anne Eleme

In Eleme District of Eleme L.G.A.

In the year 2006 2006

He/~~She~~ took the following Subject in the final Examination

ENGLISH LANGUAGE
MATHEMATICS
GENERAL PAPER

Ability:- Distinction Excellent Very Good Good

He/~~She~~ completed his/her Primary course in

Conduct Good

Ability in Class Very Good

Athletics Good

Character Good

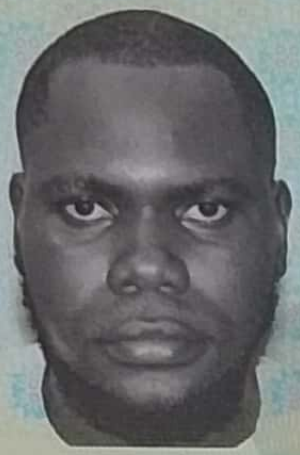
Further Remarks (if any) You need to go ahead

28/07/2006
Date of Issue

Headmaster's Signature

FEDERAL REPUBLIC OF NIGERIA

Passport / Passeport



Type / Type
P

Country Code / Code du pays
NGA

Passport No. / N° Passeport
B03579542

Surname / Nom
NZE

Given Names / Prénoms
SUNDAY JONATHAN

Nationality / Nationalité
NIGERIAN

Previous Passport / Passeport Précédent
A09437285

Date of Birth / Date de Naissance
10 APR / AVR 95

NIN
97251698401

Sex / Sexe
M

Place of Birth / Lieu de Naissance
ONNE

Date of Issue / Date de Délivrance
05 JUL / JUIL 24

Authority / Autorité
PORTHARCOURT

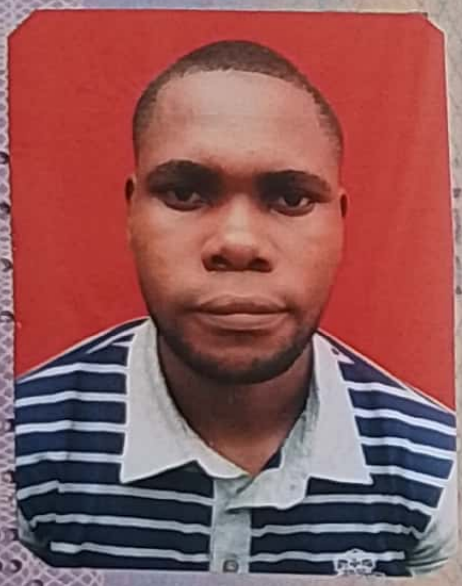
Date of Expiry / Date d'Expiration
04 JUL / JUIL 29

Holder's Signature / Signature du Titulaire

P<NGANZE<<SUNDAY<JONATHAN<<<<<<<<<<<<<<<<<<<<<<

B035795424NGA9504109M2907044972516984O1<<<40

BOOK NO:



SURNAME
NZE

OTHER NAMES
SUNDAY JONATHAN

DATE OF BIRTH
10·04·95

DATE OF ISSUE
14·01·19

PLACE OF BIRTH
ONNE

PLACE OF ISSUE
PHC

NATIONALITY
NIGERIAN

EXPIRY DATE
14·01·24

SEX
M

SID NO.

DISTINGUISHING MARKS

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that (name) NZE SUNDAY J.

Nationality NIGERIAN

whose signature follows

against: (name of disease or condition) YELLOW FEVER

Date of birth 04.10.95 Sex M

National Identification document, if applicable.....

Has on the date indicated been vaccinated or received prophylaxis

In accordance with the International Health Regulations.

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician
YELLOW FEVER	14TH JAN. 2019	PORT HEALTH OFFICE FMOH, NIGERIA CODE: 33/02

Manufaturer and batch No. of vaccine or prophylaxis	Certificate valid from..... until.....	Official stamp of administering centre
FSUE OF CTHUMAKOV BOS 0.5ml	FOR LIFE	Approved Vaccination Center Federal Republic of Nigeria

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.

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. They certificate may also be completed in another language on the same document, in addition to either English or French.

A108753

Form B.2

Caution: Any person who (1) Falsifies any of the particulars on this certificate or (2) uses a falsified certificate as true knowing it to be false is liable to prosecution

ORIGINAL

FEDERAL REPUBLIC OF NIGERIA

NATIONAL POPULATION COMMISSION

Certificate of Birth A10 9-17713

Issued under the Births and Deaths Etc. (Compulsory Registration) Act No. 69 of 1992

Registration Centre: EBUBU HEALTH

Town/Village: EBUBU

L.G.A.: ELEME

State: RIVERS

Volume	Year	Entry No.
I	11	1143

This is to certify that the birth, details of which are recorded herein has been registered on 10 (Day) 11 (Month) 11 (Year) at this Registration Centre EBUBU

1. Full Name: NZE JONATHAN SUNDAY (Surname first) (in block letters)
2. Sex: MALE
3. Date of Birth: 10 (Day) 04 (Month) 95 (Year)
4. Place of Birth: ONNE Town/Village: TOWN
5. Full name of Father: NZE JONATHAN (Surname first) (in block letters)
6. Full name of Mother: NZE HELEN (Surname first) (in block letters)

Place of issue: EBUBU HEALTH GRADE LEVEL KEN

Name of Registrar

Signature of Registrar

Date: 10-11-11

NATIONAL REGISTRATION PROGRAMME