

CURRICULUM VITAE OF MR PASCHAL



PERSONAL DATA		CONTACT DETAILS/ADDRESS	
NAME	PASCHAL CHILUGU ROBERT	STREET	NYAMAGANA
DATE OF BIRTH	04/04/2000	CITY	MWANZA
PLACE OF BIRTH	NYAMAGANA	ZIP CODE/POSTAL CODE	PO BOX 01999 NYAMAGANA
HEIGHT/WEIGHT	165 CM/60KG	COUNTRY	UNITED REPUBLIC OF TANZANIA
PROFESSIONAL EDUCATION	OILER	EMAIL	PASCHALCHILUGU45@GMAIL.COM
BLOOD GROUP	B+	MOBILE PHONE N	+255682954884
SAFETY SHOES	42	HOME NUMBER	+255624456838

EMERGENCY CONTACT

NAME	HENRY MWAMPASHE	STREET	NYASAKA
PLACE OF BIRTH	TEMEKE	CITY/COUNTRY	MWANZA TANZANIA
RELATIONSHIP	BROTHER	PHONE/HOME MOBILE	+255744504175

TRAVEL DOCUMENTS

DOCUMENT NAME	NUMBER	AUTHORITY/GOVERNMENT	ISSUED DATE		EXPIRE DATE
PASSPORT	TAE404522	PCO DAR ES SALAAM	25/05/2021		24/05/2031
COVID19 1 ST DOSE	1822794	MINISTRY OF HEALTH TANZANIA	04/10/2021	JANSSEN	NIL
COVID19 2 ND DOSE	P0001324	MINISTRY OF HEALTH TANZANIA	24/07/2023	Pfizer	NIL
COVID19 BOOSTER	P0001324	MINISTRY OF HEALTH TANZANIA	22/08/2023	Pfize	NIL
SEAMEN BOOK NEW	CDC 6590	TASAC-TANZANIA	27/10/2023		26/10/2028
OLDN SEAMEN BOOK	DB09545	SUMATRA-TANZANIA	10/08/2018		09/08/2023
MEDICAL FITNESS	NIL	EDEN MEDICAL CLINIC	05/09/2023		04/09/2025
MEDICAL TUVALU	NIL	KIGAMBONI HOSPITAL	31/10/2023		30/10/2025
YELLOW FEVER VACC	NIL	MINISTRY OF HEALTH	16/09/2021		NIL

STCW TRAINING CERTIFICATES

CERTIFICATE NAME	NUMBER	AUTHORITY/GOVERNMENT	ISSUED DATE	EXPIRED DATE
Rating forming part of Eengineering watch	03599	TASAC-TANZANIA	23/06/2023	NIL
Personal survival technique	12970	TASAC-TANZANIA	23/06/2023	22/06/2028
Fire prevention and fire fight		TASAC-TANZANIA	23/06/2023	22/06/2028
Personal safety and social responsibility	13093	TASAC-TANZANIA	23/06/2023	22/06/2028
Security awareness training	10458	TASAC-TANZANIA	23/06/2023	NIL
Proficiency survival craft and rescue boat	05534	TASAC-TANZANIA	23/06/2023	22/06/2028
Elementary first aid	05040	TASAC-TANZANIA	23/06/2023	22/06/2028
Able seafarer Engine	08116	TASAC-TANZANIA	07/08/2023	NIL
Hydrogen sulphide safety	23120461 501035	SAFETY UNLIMITED-OSHA	04/12/2023	03/12/2025
Basic safety training	06371	DMI	15/07/2021	14/07/2026
Designated security duties	0818	TASAC - TANZANIA	06/01/2023	NIL
Basic training for oil and chemical tanker cargo operations	03362	TASAC - TANZANIA	08/05/2023	NIL

SEA GOING EXPERIENCE/RECORD

NO.	VESSEL NAME	RANK	TYPE OF VESSEL	GRT/NRT/K W	SIGN ON DATE	SIGN OFF DATE	COMPANY/FLAG	TRADING AREA
1	MT NYANGUMI	OILER	TANKER	1864 GRT	10/11/2018	09/05/2019	TANZANIA MARINE SERVICE LTD	FOREIGN GOING
2	MEO RANGER	OILER	SUPPLY TUG	2300/690 GRT	20/07/2019	21/01/2020	MEO MARINE SERVICES	OFFSHORE
3	SPEARFISHAN N	OILER	AHTS TUG	600 GRT	10/03/2020	09/10/2020	LINDEN SHIPPING UAE	OFFSHORE
4	AHTS SAMED	OILER	SUPPLY VESSEL	1579 GRT	25/12/2020	24/10/2021	WHITE SEA SHIPPING UAE	OFFSHORE
5	SVS HAWKINS	OILER	CREW BOAT	169 GRT	11/12/2021	06/06/2022	SVS MARINE SERVICE	OFFSHORE
6	RADHWA 22	MECHANIC	TANKER	1864GRT	17.02.2024	17.08.2024	NAGHI MARINE	

Certificate of Completion

This certifies that

Paschal C. Robert

has successfully completed

Hydrogen Sulfide Awareness Training

And ASC Z390.1, Accepted Practices for Hydrogen Sulfide Safety Training Programs

In Accordance with OSHA Regulations, 29 CFR 1910 and 1926 and ANSI Standard Z390.1

Also Known as H2S Training

This course is approved for 2 Contact Hours (.2 CEUs) of continuing education per the California Department of Public Health for Registered Environmental Health Specialist (REHS) (Accreditation # 044)

Safety Unlimited, Inc., Provider #5660170-2, is accredited by the International Association for Continuing Education and Training (IACET) and is accredited to issue the IACET CEU. As an IACET Accredited Provider, Safety Unlimited, Inc. offers CEUs for its programs that qualify under the ANSI/IACET Standard. Safety Unlimited, Inc. is authorized by IACET to offer 0.2 CEUs for this program.

Julius P. Griggs

Julius P. Griggs
Instructor #892

23120461501035

Certificate Number

12/4/2023

Issue Date



Scan this code or visit [safetyunlimited.com/v](https://www.safetyunlimited.com/v) to verify certificate.

Annual Refresher Training Required by ANSI Z390.1



UNLIMITED, Inc.
OSHA Compliant Safety Training Since 1993

2139 Tapo St., Suite 228 Simi Valley, CA 93063
(855) 784-2677 or 805 306-8027
<https://www.safetyunlimited.com>





TUVALU SHIP REGISTRY

Medical Fitness Examination Certificate (Form MED) - CONFIDENTIAL -

Tuvalu Ship Registry
10 Anson Road #25-16
International Plaza
Singapore 079903
Tel: (65) 6224 2345
Fax: (65) 6227 2345
Email: info@tvship.com
Website: www.tvship.com

A. APPLICANT'S PARTICULARS

Name in Full (Block Capitals) PASCHAL CHILUGU ROBERT		Passport No: TAE404522
Date of Birth: (DD-MM-YYYY) 04 TH APR 2000	Nationality: TANZANIAN	Examination for duty as*: (May select more than 1) Master <input type="checkbox"/> Deck Officer <input type="checkbox"/> Engine Officer <input type="checkbox"/> Radio Officer <input type="checkbox"/>
Place of Birth: (City, Country) NYAMAGANA	Sex *: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Address of Applicant: DAR ES SALAAM		Tel no: +255682954884 Email Address: paschalchilungu45@gmail.com

B. DOCTOR'S EXAMINATION REPORT

1	Height/Weight	165 cm	Metres	60 kg	Kilos
2	Hearing	30 db	Right	30 db	Left
3a	Eyesight (with glasses)	NA	Right	NA	Left
3b	Eyesight (without glasses)	20/20	Right	20/20	Left
3c	Colour Vision Test Type	<input checked="" type="checkbox"/> Book	<input checked="" type="checkbox"/> Lantern		
3d	Colour Vision Test Result	<input checked="" type="checkbox"/> Yellow	<input checked="" type="checkbox"/> Red	<input checked="" type="checkbox"/> Green	<input checked="" type="checkbox"/> Blue
3e	Are glasses or any corrective aids necessary to meet the required Vision Standards?				<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Urinanalysis	NEG	Sugar	NIL	Albumin
5	Full blood count	15.0	Hb	6000MM M	WBC
6	VDRL	NEG	Negative		Positive
7	Chest X-Ray Report (Lungs) (last X Ray within a year)	normal	Normal		Abnormal
8	Electrocardiogram (ECG) (EDG)	normal	Normal		Abnormal
9	Pulse	72	Per min		
10	Blood Pressure	120/70			
11	Blood Group	B+			

	Normal	Abnormal	If abnormal gives details
12 Cardiovascular system (heart)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13 Central Nervous system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

15	Locomotor system (spine/limbs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
16	Head and Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
17	Skin (including varicosities)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
18	Physique – Deformities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
19	Respiratory system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
20	Intelligence, mental state	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
21	Speech (Deck/Radio Officer) (Is speech impaired for normal voice Communication?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
22	Gastrointestinal system (eg Hernia)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
23	Urogenital system (eg Hydrocoele)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
24	Endocrine system (eg Thyroid)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
25	Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
26	Ears/ Nose/ Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
27	Mouth/Teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
28	Vaccinated in accordance to WHO	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
29	On any non-prescription or prescription medication?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

If yes, please specify: _____

30 Is the Applicant suffering from any illness or disease likely to be aggravated by working on board a vessel, or to render him/her unfit for service at sea, or likely to endanger the health of other persons on board?

Comments;

FIT FOR SEAFARING

Signature of Applicant

Date:

31/10/2023

**select as appropriate.*

C. PHYSICIAN'S REMARKS& DECLARATION

CERTIFICATE OF MEDICAL FITNESS

I certify that I have examined the Applicant according to the medical standards of the Tuvalu Ship Registry (reference to Tuvalu Marine Guidance MG-2/2012/1) and found (him/her)* deemed to be (FIT/UNFIT)* for duty as:

☒ Master ☐ Deck Officer ☐ Engineer Officer ☐ Radio Officer ☐ Others, please state *SILVER*

Restriction / Remarks (if any)



31/10/2023

30/10/2025

[Signature]

KIGAMBONI DISTRICT HOSPITAL

Date of Examination

Date of Expire*

Signature

Name of Medical
Institute/Hospital

*Normally 2 years from Date of Examination unless the Attending Physician requires otherwise

This form shall be treated as a valid Medical Certificate and is in compliance with the requirements of the Maritime Labour Convention, 2006

SAT

No. 10458



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



This is to certify that **MR. PASCHAL CHILUGU ROBERT**

Date of birth **04.04.2000** Place of birth **NYAMAGANA**

Has successfully completed an approved **SECURITY AWARENESS TRAINING** course. This Certificate has been issued under Regulation VI/6.1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

Issued on **23.06.2023**

Signature of the Holder



LAMECK SONDD

Name and Signature of duly Authorised Officer

EFA

No. 05040



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



This is to certify that.....MR. PASCHAL CHILUGU ROBERT.....

Date of birth.....04.04.2000.....Place of birth.....NYAMAGANA.....

Has successfully completed an approved **ELEMENTARY FIRST AID** course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/1 and Table A-VI/1-3 of the STCW Code.

Issued on.....23.06.2023.....Valid Until.....22.06.2028.....

Signature of the Holder



LAMECK Samsa

Name and Signature of duly Authorised Officer

PST

No. 12970



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC




This is to certify that **MR. PASCHAL CHILUGU ROBERT**

Date of birth **04.04.2000** Place of birth **NYAMAGANA**

Has successfully completed an approved **PERSONAL SURVIVAL TECHNIQUES** course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/1 and Table A-VI/1-1 of the STCW Code.

Issued on **23.06.2023** Valid Until **22.06.2028**


Signature of the Holder



LAMECK SONDU 
Name and Signature of duly Authorised Officer



PSSR

No. 13093



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



This is to certify that **MR. PASCHAL CHILUGU ROBERT**

Date of birth **04.04.2000** Place of birth **NYAMAGANA**

Has successfully completed an approved **PERSONAL SAFETY AND SOCIAL RESPONSIBILITIES** course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification, and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/1 and Table A-VI/1-4 of the STCW Code.

Issued on **23.06.2023** Valid Until **22.06.2028**

Signature of the Holder



LAMECK SONDO

Name and Signature of duly Authorised Officer

FPFF

No. 12202



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



This is to certify that.....MR. PASCHAL CHILUGU ROBERT.....

Date of birth.....04.04.2000.....Place of birth.....NYAMAGANA.....

Has successfully completed an approved **FIRE PREVENTION AND FIRE FIGHTING** course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/1 and Table A-VI/1-2 of the STCW Code.

Issued on.....23.06.2023.....Valid Until.....22.06.2028.....

Signature of the Holder



LAMECK SONDO

Name and Signature of duly Authorised Officer



PSCRB

No. 05534



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



This is to certify that **MR. PASCHAL CHILUGU ROBERT**

Date of birth **04.04.2000** Place of birth **NYAMAGANA**

Has successfully completed an approved **PROFICIENCY IN SURVIVAL CRAFT & RESCUE BOATS** course. This Certificate has been issued under Regulation VI/2-1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

Issued on **23.06.2023** Valid Until **22.06.2028**

Signature of the Holder



LANECK Samba

Name and Signature of duly Authorised Officer

RFPEW

No. 03599



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



This is to certify that **MR. PASCHAL CHILUGU ROBERT**

Date of birth **04.04.2000** Place of birth **NYAMAGANA**

Has successfully completed an approved **RATING FORMING PART OF AN ENGINEERING WATCH** course. This Certificate has been issued under Regulation III/4 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

Issued on **23.06.2023**

Signature of the Holder



LAMECK SONDO

Name and Signature of duly Authorised Officer



BTOCTCO

No. 03362



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



This is to certify that..... MR. PASCHAL CHILUGU ROBERT.....

Date of birth..... 04. 04. 2000..... Place of birth..... NYAMAGANA.....

Has successfully completed an approved **BASIC TRAINING FOR OIL AND CHEMICAL TANKER CARGO OPERATIONS** course. This Certificate has been issued under Regulation VI/1-1.2 of the international convention on standards of training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

Issued on..... 08. 05. 2023.....

Blu

Signature of the Holder



LAMECK SONDO *Blu*

Name and Signature of duly Authorised Officer



ASE

No. 08116



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



This is to certify that MR. PASCHAL CHILUGU ROBERT

Date of birth 04. 04. 2000 Place of birth NYAMAGANA

Has successfully completed an approved **ABLE SEAFARER ENGINE** course. This Certificate has been issued under Regulation III/5 of the International Convention on the Standards of Training Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

Issued on 07. 08. 2023

Signature of the Holder



LAMECK SONDO

Name and Signature of duly Authorised Officer

DSD

No. 00818



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS, TRANSPORT
AND COMMUNICATION
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



MR. PASCHAL CHILUGU ROBERT
This is to certify that.....

Date of birth 04. 04. 2000 Place of birth NYAMAGANA

Has successfully completed an approved DESIGNATED
SECURITY DUTIES course. This Certificate has been issued
under Regulation VI/6-2 of the International Convention on
the Standard of Training Certification and Watchkeeping
for Seafarers (STCW) 1978 as amended [2010].

Issued on 06. 01. 2023

Signature of the Holder



LAMECK SONDO

Name and Signature of duly Authorised Officer



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF WORKS AND TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



Medical Fitness Certificate

Name CHILUGU Last Name PASCHAL First Names ROBERT Middle Name 04, 04, 2000

Gender: Male ☒ Female ☐ Date of birth (day/month/year) 04, 04, 2000

Nationality TANZANIAN

Home address NYASAKA ILEMELA MWANZA

Proof of identity: Kind of identity NATIONAL ID Number 2000040433214-00001-2
(e.g., National ID, CDC, Driver's License, Passport)

I have evaluated the above named applicant according to the Merchant Shipping (Medical Examination) Regulations, 2016, made under the Merchant Shipping Act, 2003. On the basis of the applicant's personal declaration, my clinical examination and diagnostic test results recorded on the medical examination form, I declare the applicant fit for seafaring

FIT FOR SEAFARING

The applicant used aids to vision to meet a satisfactory standard ☐ Yes ☒ No

Date of last colour vision test if not tested at this examination _____

The applicant used aids to hearing to meet a satisfactory standard ☐ Yes ☒ No

Date of examination 05.09.2023 Place of examination DARESSALAAM
(Day/month/year)

Name of Approved Medical Practitioner DR CHARLES K. OTITO Official Stamp

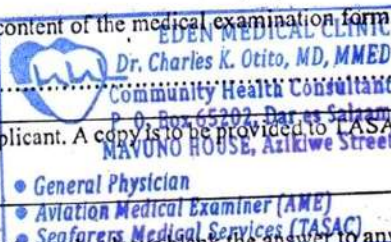
Signature of Approved Medical Practitioner [Signature]

Expiry date of Certificate 04.09.2025
(day/month/year)

I acknowledge that I have been advised on the content of the medical examination form.

Applicant's signature [Signature]

The original of this Certificate is given to the applicant. A copy is to be provided to TASAC. The Approved Medical Practitioner may retain a copy.



Please complete this questionnaire prior to attendance, but leave blank the answer to any question you do not understand. You must bring a suitable means of identification (passport, certificate of competence, driving license) with you to the examination.

UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH

CERTIFICATE OF COVID-19 VACCINATION

Paschal Chilugu Robert
Full Name

IVD00025741547
Ref Number

TAE404522
ID Number

Apr 4, 2000
Date of Birth

Vaccine Name	Batch Number	Doses Administered	Date of Vaccination	Center of Vaccination
Pfizer-BioNTech	P0001324	<input checked="" type="checkbox"/> 1st Dose	Jul 24, 2023	KIMBIJI Health Center
Pfizer-BioNTech	P0001324	<input checked="" type="checkbox"/> 2nd Dose	Aug 22, 2023	KIMBIJI Health Center

Scan to validate



ISSUED BY : Dr. Seif Shekalaghe

Permanent Secretary

Please keep this card, it contains important information regarding the COVID-19 vaccine you have received

United Republic of Tanzania



Ministry of Health, Community Development, Gender, Elderly and
Children

CERTIFICATE OF COVID-19 VACCINATION

Paschal Chilugu Robert

Full Name

IVD41088387

Ref Number

20000404332140000124

ID Number

Apr 4, 2000

Date of Birth

Vaccine Name	Batch Number	Doses Administered	Date of Vaccination	Center of Vaccination
Janssen	1822794	<input checked="" type="checkbox"/> 1st Dose	Oct 4, 2021	Nyamagana Hospital - District Hospital



ISSUED BY : Prof. Abel Makubi

Permanent Secretary

*Please keep this card, it contains important information regarding the COVID-19 vaccine you
have received*

BOOK:

ISSUED TO: ROBERT			
SURNAME: PASCHAL CHILUGU			
OTHER NAMES			
DATE OF BIRTH 04.04.2000	PLACE OF BIRTH NYAMAGANA		
COLOUR OF EYES BLACK	HEIGHT 165 CM	WEIGHT 60 KG	SEX M
COLOUR OF HAIR BLACK	DATE OF EXPIRY 09.08.2023		
DISTINGUISHING MARKS NIL			
DATE OF ISSUE 10.08.2018		PLACE OF ISSUE SUMATRA HQ DARUSSALAM	

PAGE 2

PHOTOGRAPH OF SEAFARER










Pelmu

SIGNATURE OF SEAFARER

PAGE 3

DB 09545

DB - 09545

NAME OF VESSEL OFFICIAL NO. GROSS TONNAGE OR HORSEPOWER*	DATE AND PLACE OF		GRADE/ RANK	DESCRIP TION OF VOYAGE	SIGNATURE OF MASTER	COMPANY STAMP OR SEAL
	ENGAGEMENT	DISCHARGE				
MT. NYANGUMI IMO NO: 9550515 CALL SIGN: J884392 GRT: 285 NRT: 85 HP: 2X1864.5	10/11/2018	09/05/2019	OILER	4/61		
MEO RANGER IMO: 9688726 GRT: 2300 NRT: 690 CALL SIGN: 3EQV3 FLAG: PANAMA	20-07-2019	21-1-2020	OILER	Gulf AREA		
 SPEARFISH ANN Flag : PANAMA IMO No : 7009615 GRT : 250 NRT : 75 BHP : 3600 Official No. 31998	10-03-2020	09-10-2020	OILER	Gulf		

*ENGINE ROOM WORKERS GIVE HORSEPOWER, OTHERS GROSS TONNAGE
PAGE 12

PAGE 13

DB - 095451

NAME OF VESSEL OFFICIAL NO. GROSS TONNAGE OR HORSEPOWER*	DATE AND PLACE OF		GRADE/ RANK	DESCRIP TION OF VOYAGE	SIGNATURE OF MASTER	COMPANY STAMP OR SEAL
	ENGAGEMENT	DISCHARGE				
	25-12-2020	20-10-2021	OILER	GULF AREA		
<div>SVS HAWKINS IMO: 11161 GRT: 169 NRT 60 CALL SIGN: J88418</div>	11.12.2021	06.06.2022	OILER	INDIAN OCEAN		
	10/08/2022	11/07/2023	OILER	GULF AREA	<div>AHTS SAREM  MASTER</div>	

*ENGINE ROOM WORKERS GIVE HORSEPOWER, OTHERS GROSS TONNAGE

PAGE 14

PAGE 15

VISA / VISAS

URT

P TZA

TAE404522

ROBERT

PASCHAL CHILUGU

TANZANIAN

04 APR 2000

M NYAMAGANA

25 MAY 21

PCO, DAR ES SALAAM

Ref

TAE4045222TZA0004042M3105249<<<<<<<<<<<<<02

Kujitandikisha

Raia wa Nchi Wanachama wa Jumuiya ya Afrika Mashariki wanaishi nchi za nje wanashauriwa kujitandikisha majina na anwani zao mapema iwezekanavyo kwenye Ofisi ya Ubalizi wa Jamhuri ya Muungano wa Tanzania iliyo karibu au kama hakuna Ofisi hiyo wajitandikishe kwenye Ofisi ya Ubalizi ya Nchi Mwanachama wa Jumuiya ya Afrika Mashariki iliyo karibu au kama hakuna ofisi ya ubalizi, basi wajitandikishe kwa mwakilishi wa nchi rafiki. Mabadiliko ya anwani au kuhama kutaka nchini humo yanapaswa kutolewa taarifa. Kutokufanya hivyo kunaweza kuzuia au kuchelewesha msaada na ulinzi wakati wa dharura.

Registration

Citizens of the East African Community Partner States who are abroad should at the earliest opportunity register their names and addresses at the nearest United Republic of Tanzania Mission abroad or where there is no United Republic of Tanzania Mission, with the nearest East African Community Partner State Mission or where there is no such Mission, with representative of a friendly country. Changes of address or departure from the country should also be notified. Failure to do so may in a period of emergency result in difficulty or delay in according them assistance and protection.

Inscription

Les citoyens des pays membres de la Communauté Est Africaine qui sont à l'étranger doivent faire inscrire le plus tôt possible leur noms et adresses à la Mission de la République Unie de Tanzanie à l'étranger, à la plus proche Mission des pays membres de la Communauté Est Africaine, ou, au cas où il n'y a pas une telle Mission, s'inscrire au près de la représentation d'un pays ami. Les changements d'adresses ou départ du pays doit aussi être notifié. L'échec de faire ceci peut, en période de danger, résulter en difficulté ou retard de leur porter secours et protection.

WATU WA KUPEWA TAARIFA WAKATI WA DHARURA

EMERGENCY CONTACT INFORMATION

INFORMATION DE CONTACTES D'ÉMERGENCE

Kwa ajili ya ulinzi wako, jaza hapa chini kwa kutumia penseli maelezo ya ndugu wawili au rafiki ombao wanaweza kupewa taarifa kunapotokea jambo la dharura:

For your protection, pencil in below the particulars of two relatives or friends who may be contacted in the event of an emergency.

Pour votre protection, écrivez en bas en crayon, soit deux membres de votre famille soit votre amie(es) qui peuvent être contacté(es) en moment de problème.

Jina/ Name/ Nom:

Jina/ Name/ Nom:

Anwani/ Address/ Adresse:

Anwani/ Address/ Adresse:

Simu/ Telephone/ Téléphone:

Simu/ Telephone/ Téléphone:

Barua Pepe/ E-mail/ E-mail:

Barua Pepe/ E-mail/ E-mail:

INTERNATIONAL CERTIFICATE* OF VACCINATION OR PROPHYLAXIS

This is to certify that (name) PASCHAL C. ROBERT
 date of birth 2000 sex MALE
 nationality TANZANIAN
 national identification document, if applicable
 whose signature follows [Signature]
 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 Vaccin ou agent prophylactique	Date Date	Signature and professional status of supervising clinician Signature et titre du clinicien responsable
1. <u>YELLOW FEVER</u>	<u>16th SEPT. 2021</u>	<u>[Signature]</u> <u>PHOTOGRAPHIC OFFICER</u> <u>HEALTH OFFICER</u> <u>MBWANZA</u>

* Requirements for validity of certificate 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 vacciné(e) ou a reçu des agents prophylactiques à la date
 indiquée contre: (nom de la maladie ou de l'affection)

conformément au Règlement sanitaire international.

Manufacturer and batch no. of vaccine or prophylaxis Fabricant du vaccin ou de l'agent prophylactique et numéro du lot	Certificate valid from: until: Certificat valable à partir du : jusqu'au :	Official stamp of the administering centre Cacher officiel du centre habilité
<u>297</u> <u>CHUMAKOV</u> <u>RUSSIA</u>	<u>LIFE TIME</u>	

* Voir les conditions de validité à la page 3.