

# PHILIP CV

Position applied for: ABLE SEAMAN			Date available: ANY TIME		
SURNAME		KWALE			
NAME		PHILIP			
FATHER'S NAME		KWALE			
Date and place of birth:		12/04/1992, KALAFIOGBENE			
NATIONALITY		NIGERIAN			
Address:		BEHIND FORMER BEKES HOTEL BOMADI OVERSIDER BOMADI			
Country code:		+234927569331 +234959310213			
E-Mail :		kwalephilip@gmail.com			
TITLE OF DOCUMENT	INTITUTION	PLACE	CERT. NO	DATE/YEAR ISSUED	DATE OF EXPIRATION
International passport	IMMIGRATION	WARRI	B03859164	06/11/2024	05/11/2029
Seaman's Book	NIMASA	LAGOS	N061322	26/03/2019	15/04/2029
Nimasa Registration Status	NIMASA	WARRI	N/DR/7683	02/03/2023	
SEAFARERS IDENTITY DOC.(SID)	NIMASA	WARRI	N/DR/7683	02/03/2023	
Seaman's book (Nigerian)	NIMASA	LAGOS	N061322	26/03/2019	15/04/2029
Certificate of competency	NIMASA	LAGOS	NAB.NAV.5240	15/05/2024	
Rank	ABLE SEAMAN				
Endorsement					
Others Professional license					
Rank					
Endorsement					
GMDSS (GOC) Certificate					
GMDSS Endorsement					
DPO					
Bridge team &Resource managt					
Ship Safety Officer					
Ship Security Officer					
Radar Navigation(mngmt level)					
ECDIS					
MARPOL					
Medical Care	NIMASA	ABBEY MEDICAL CENTER	WZL 000126	05/06/2024	04/06/2026
Advanced Fire Fight.					
Survival Craft & Rescue Boats VI/2	MARITECH	WARRI	MRT/PSCRB/3165/2024	10/05/2024	09/05/2029
Hazardous cargoes (pack and bulk)					
Liquefied Gas Tanker Cargo Oprtn					
Oil & Chemical Tanker Operation	MARITECH	WARRI	MRT/OTF/1294/2021	07/05/2021	06/05/2026
ISPS	MARITECH	WARRI	MRT/ISPS- AW/1602/2021	04/05/2021	05/05/2026
Helicopter Landing Officer					
HUET EBS( OPITO approved) 5095					
Yellow fever Vaccination	HEALTH OFFICIAL	WARRI	A214897	07/10/2019	FOR LIFE

<b>MEDICAL EXAMINATION</b>	<b>FIT</b>				
<b>DRUG AND ALCOHOL</b>	<b>NO</b>				
<b>Second (relative) specialty</b>	<b>YES</b>				
<b>English knowledge:</b>	<b>YES</b>				
<b>Experience with mixed Nationality crew</b>	<b>YES</b>				
	<b>-</b>				

### EDUCATIONAL BACKGROUND

NAME OF INSTITUTION	FROM	TILL	DEGREE RECEIVED
UNIVERSITY OF CEBU CITY PHILIPPINES	2013	2016	BACHELOR'S IN MARINE TRANSPORTATION
COMMUNITY SECONDARY SCHOOL TORU-NDORO	2006	2012	NECO
TAREDUMU PRIMARY SCHOOL KALAFIOGBENE	1999	2004	TESTIMONIAL

### ADDITIONAL INFORMATION

<b>Marital status: Married/Single</b>	<b>MARRIED</b>
<b>Wife</b>	<b>YES</b>
<b>(Name, First name, Date and place of birth)</b>	<b>KPAKIAMA ERE AMAKAZI. KALAFIOGBENE</b>
<b>Children under the age of 18 (names, date of birth )</b>	<b>PHILIP GODGIFT</b>
	<b>22/06/2012</b>
<b>Children under the age of 18 (names, date of birth )</b>	<b>PHILIP VICTORY</b>
	<b>02/03/2018</b>
<b>Next of kin (Name, date of birth, address, phone ,relation)</b>	<b>PHILIP BRIGHT</b>
	<b>18/03/2014 , BEHIND FORMER BEKES HOTEL BOMADI OVER SIDE BOMADI. 081412819544</b>
	<b>SON</b>
<b>Physical details:</b>	<b>Height:1.70m      Weight:65.3kg      Overall:XL      Shoes:43</b>

### PREVIOUS SEA EXPERIENCE (FOR LAST 10 YEARS):

RANK	NAME OF THE VESSEL	TYPE VESSEL	YEAR OF BUILD	DWT GRT	TYPE OF THE MAIN ENGINE	FROM (date)	TO (date)	Owner COMPANY
DECK CADET	ST ILHAAM	OIL CHEMICAL TANKER	2004	34987/25487	MAN B&W	19/05/2021	31/05/2022	SEA TRANSPORT
ABLE SEAMAN	MT VISHVAMATA	OIL TANKER	2002	6620/4606	MAN B&W	02/09/2022	28/02/2023	DEEP FRONTLINE
ABLE SEAMAN	HADASSAH-T2	SUPPLY VESSEL	2005	1465/1333	4 STROKE	01/05/2023	30/07/2023	HADASSAH
ABLE SEAMAN	HADASSAH-T2	SUPPLY VESSEL	2005	1465/1333	4 STROKE	04/09/2023	29/11/2023	HADASSAH
ABLE SEAMAN	MT SHEBA	OIL TANKER	2009	5500/4568	MAN B&W	06/01/2024	20/06/2024	DELTA MARINE

### REFEREES

<b>3rd ENGINEER</b>	<b>KEN PREZI</b>	<b>+2348107957327</b>
<b>3rd OFFICER</b>	<b>JOHN DON MUDIM</b>	<b>+2348059982145</b>
<b>3rd OFFICER</b>	<b>DUNIYA FRANCIS ZAMANI</b>	<b>+2348085982826</b>

# COVER LETTER

Dear sir/madam

I'm contacting regarding the position of able body seaman.that you have available..

Am highly competent deckman .with my years of experience along with my work ethic and team work capabilities....I believe I will be of great asset to you and your crew ,who specializes in rope work and painting, maintenance..as shown in my attached CV I have serve in many different positions that falls under the umbrella of a deck man ...

Regards

Kwale Philip

*to all persons to whom these presents shall come*

**Greetings**

*Be it known that the Board of Trustees, by authority of the  
Republic of the Philippines, and on recommendation of the Faculty, has conferred upon*

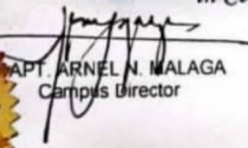
**Philip Kwale**

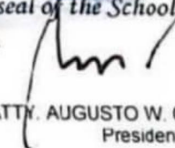
*who has fulfilled all the requirements therefor, the degree of*

**BACHELOR OF SCIENCE IN MARINE TRANSPORTATION**

*with all the rights, honors, and privileges as well as the obligations and  
responsibilities thereunto appertaining.*

*In testimony whereof, we have hereto subscribed our names and affixed the seal of the School  
in Cebu City, Philippines, this 20<sup>th</sup> day of September, 2023.*

  
CAPT. ARNEL N. MALAGA  
Campus Director

  
ATTY. AUGUSTO W. GO, Ed. D.  
President

S. O. (R-VII) No. 50-897201-0928 S. 2023  
Dated: December 12, 2023

UC-METC-046863



# FEDERAL REPUBLIC OF NIGERIA

226067

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: <b>KWALE</b>	Given Names: <b>PHILIP</b>
Discharge Book No: SSID NO:	Passport No: <b>A10894038</b>
Date of Birth: <b>11/2/04</b>	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
	Nationality: <b>NIGERIAN</b>

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 1/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Visual acuity standards as in STCW A-1/9	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-1/9	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):		Please specify restriction.	

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

Restrictions	<b>NO RESTRICTION</b>
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 type="checkbox"/> No <input checked="" 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
<b>05/06/2024</b>	<b>04/06/2026</b>

**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:

**Dr. Oluwuremi A. Oluwaseye****ABBEY MEDICAL CENTRE**  
74 IDENNA STREET,  
CLODI LAGOS



**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: KWALE OTHER NAMES: PHILIP  
DATE OF BIRTH: 12/4/92 AGE: 31 SEX: M NATIONALITY: NIGERIAN  
DATE OF APPLICATION: 05/06/24 PLACE OF BIRTH: KALAFI OGBOME  
Discharge Book NO.: \_\_\_\_\_ Company: \_\_\_\_\_ Vessel: \_\_\_\_\_  
Address: Behind former Bekes Hotel Bonadi Delta  
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 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)

(A.) Tetanus ☒ YES ☐ NO IF YES DATE 1992 (B.) Typhoid Fever ☐ YES ☐ NO IF YES DATE \_\_\_\_\_ (C.) Cholera ☐ YES ☐ NO IF YES DATE \_\_\_\_\_ (D.) Meningitis ☐ YES ☐ NO IF YES DATE \_\_\_\_\_  
(E.) Yellow Fever ☒ YES ☐ NO IF YES DATE 2009 (F.) Hepatitis ☐ YES ☐ NO IF YES DATE 1992 (G.) Tuberculosis ☒ YES ☐ NO IF YES DATE 1992

**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 \_\_\_\_\_

I, KWALE PHILIP 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)

05/06/2024  
Date

[Signature]  
Name of Applicant

Signature of Applicant



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:

KWALE PHILIP

(Surname first)

Discharge Book No:

NOG1322

#### APPEARANCE

#### GENERAL EXAMINATION

Weight:

65.3kg

Height:

5'6"

Gait:

Normal ☒ Abnormal ☐

Temperature:

35.3°

Blood Pressure:

120/60

Pulse Rate:

72 bpm

Pailor:

read

Palpable Impalpable If palpable, state region/location

Lymph Nodes

☐ ☒

#### SYSTEMIC EXAMINATION

(1.) Central Nervous System

Normal ☒ Abnormal ☐

(2.) Cardiovascular System

Normal ☒ Abnormal ☐

(3.) Respiratory System

Normal ☒ Abnormal ☐

(4.) Gastrointestinal System

Normal ☒ Abnormal ☐

(5.) Hernial Orifices

Normal ☒ Abnormal ☐

(6.) Endocrine System

Normal ☒ Abnormal ☐

(7.) Locomotor System

Normal ☒ Abnormal ☐

(8.) Orodental

Normal ☒ Abnormal ☐

(9.) Skin (Including Varicosities)

Normal ☒ Abnormal ☐

(10.) Ear, Nose & Throat

Normal ☒ Abnormal ☐

#### (3.) Eyesight

Visual Acuity

RT LT

Without glasses

6/6 6/6

With glasses

6/- 6/-

Colour Vision

Normal ☒ Abnormal ☐

(1.) Blood Group & Genotype

(Enter Results)

O+ve AA

(2.) Full blood count

5400 /cm<sup>3</sup>

(3.) VDRL

Negative ☒ Positive ☐

(4.) HIV

Negative ☒ Positive ☐

(5.) Hepatitis B Antigen

Negative ☒ Positive ☐

(6.) Widal (for Catering Dept)

read

(7.) Urinalysis

read

(8.) Chest X-Ray with Report

Normal ☒ Abnormal ☐

(9.) Electrocardiogram

Normal ☒ Abnormal ☐

#### OTHER EXAMINATIONS

(1.) Speech (Voice Communication)

Normal ☒ Abnormal ☐

(2.) Hearing

RT read LT read

- Audiometry

RT read LT read

Physician's Name

Dr. Olawumi A. Oluwaniyi

Physician's Signature & Stamp

[Signature]

Physician's Address/Telephone No.

74 Idumu St Oshodi Lagos

08055159460

REBEY MEDICAL CENTRE  
74 IDEWU STREET  
OSHO DI LAGOS

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



CERT NO. **NAB.NAV.5240**

**CERTIFICATE OF PROFICIENCY**

This is to certify that **KWALE PHILIP** 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

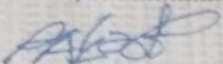


Photograph of holder of Certificate

Date of birth of Certificate holder: **12/04/1992**

Date of issue: **15/05/2024**

Signature of holder of Certificate: 

Signature of Authorized official:   
**ENGR. PATRICK A. EIQBE**

# MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

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



MRT/EDH/2060/2024  
Certificate Number

## CERTIFICATE OF TRAINING

This is to certify that

**KWALE PHILIP**

Date of Birth: 12/04/1992

Has successfully completed

**Efficient Deck Hand**

Training Course at

Maritech Industrial and Management Training Academy



*[Handwritten Signature]*

Signature of Instructor



Issue Date  
08/05/2024

*[Handwritten Signature]*

Signature of Holder



Email: [info@marimared.com](mailto:info@marimared.com) | website: [www.marimared.com](http://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/3165/2024  
Certificate Number

This is to certify that

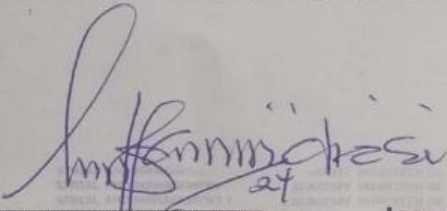
**KWALE PHILIP**

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  
10/05/2024

  
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/ISPS-AW/1602/2021  
Certificate Number

## Certificate of Proficiency In Security Awareness

This is to certify that

**KWALE PHILIP**

Date of Birth: 12/04/1992

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, 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

04/05/2021



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/MAN/2539/2021  
Certificate Number

## STCW Basic Safety Training

This is to certify that

**KWALE PHILIP**

Date of Birth: 12/04/1992

Has successfully completed an approved training in:

### Basic Safety Training

Personal Survival Techniques

Fire Prevention & Fighting

Elementary First Aid

Personal Safety & Social Responsibilities

Regulation VI/1 and Section A-VI/1, Paragraph 2.1.1


Regulation VI/1 and Section A-VI/1, Paragraph 2.1.2

Regulation VI/1 and Section A-VI/1, Paragraph 2.1.3


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 as amended in 2010.

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

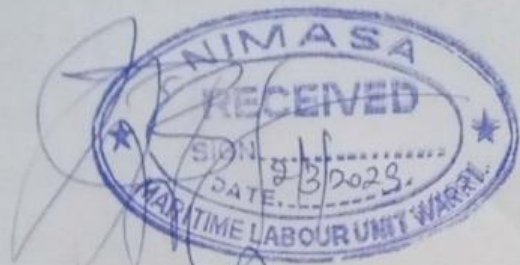
  
Signature of Instructor

Issue Date  
07/05/2021

  
Signature of Holder



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



Behind Former Bekes,  
Hotel Bomadi Overside,  
Bomadi,  
Delta State.  
2<sup>nd</sup> March, 2023.

The Head,  
Maritime Labour Services,  
NIMASA.  
N.P.A New Port Gate,  
Warri -Delta State.

Dear Sir,

APPLICATION FOR MY SEAFARER'S REGISTRATION STATUS / NUMBER

I, **KWALE PHILIP**, of the above address wish to request for the registration status / number as seafarer (**ABLE SEAMAN**) under the Nigerian Maritime Administration and Safety Agency (NIMASA).

Attached are my credentials for your perusal:

- |                       |                              |
|-----------------------|------------------------------|
| 1. Discharge Book No: | N-061322                     |
| 2. Date of Birth:     | 12 <sup>th</sup> April, 1992 |
| 3. Rank:              | ABLE SEAMAN                  |
| 4. C.O.C Number:      | _____                        |
| 5. Regulation:        | _____                        |

Yours faithfully,

**KWALE PHILIP**  
09027569331  
kwalephilip@gmail.com

# MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

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



MRT/OTF/1294/2021  
Certificate Number

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

This is to certify that

**KWALE PHILIP**

Date of Birth: 12/04/1992

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  
07/05/2021



Signature of Holder



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

**INTERNATIONAL CERTIFICATE OF**  
 This is to certify that (name) KWALE PHILIP  
 Nationality NIGERIAN  
 whose signature follows [Signature]  
 against: (name of disease or condition) YLF

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician
<u>YELLOW FEVER</u>	<u>7th OCT 2019</u>	<u>[Signature]</u> <b>PORT HEALTH OFFICER</b> <b>FMOH, NIGERIA</b> <b>CODE: 11/02</b>

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 12th April 92 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>CHIMIAV</u> <u>Lot 529</u> <u>0.5ml</u>	<u>17 OCT 2019</u> <u>EXPIRES</u> <u>VACCINE</u> <u>VALID</u> <u>for LIFE</u>	<u>2019</u> <u>[Official Stamp]</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. They certificate may also be completed in another language on the same document, in addition to either English or French.

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**A214897**

**OTHER VACCINATIONS - AUTRES VACCINATIONS**

Date	Nature of vaccine Genre de vaccin	Dose	Physician's Signature Signature de medecin	Official Signature Function Official	Stamp
<u>7th OCT 2019</u>	<u>O.P.V</u> <u>180 8 p 40</u> <u>INDIAN SERUM</u>	<u>2 DROPS</u>	<u>[Signature]</u>	<b>PORT HEALTH OFFICER</b> <b>FMOH, NIGERIA</b> <b>CODE: 11/02</b>	<u>[Official Stamp]</u>
<u>27th JULY 2021</u>	<u>ORY</u> <u>180 P158</u>	<u>2 DROPS</u>	<u>[Signature]</u>	<b>PORT HEALTH OFFICER</b> <b>FMOH NIGERIA</b> <b>CODE: 25/01</b>	<u>[Official Stamp]</u>

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BOOK NO:



SURNAME

KWALE

OTHER NAMES

PHILIP

DATE OF BIRTH

12 04 92

PLACE OF BIRTH

KALEFIOGBENE LAGOS

NATIONALITY

NIGERIAN

SEX

M

DATE OF ISSUE

26 03 19

PLACE OF ISSUE

EXPIRY DATE

25 03 24

SID NO.

DISTINGUISHING MARKS

COMPUTERIZED



# RECORD OF SEAFARER'S SEAGOING SERVICE

Name of Vessel, Gross Tonnage or Propulsion Power, IMO number, Type	Date and Place of Engagement	Date and Place of Discharge
MT ST ILHAAM CALL SIGN : 50AQ2 OFFICIAL NO : 378004 KW : 11060 GRT : 25487 NRT : 9528 DWT : 28140	19-05-2021 LAGOS	31-05-2022 LAGOS
MT VISHVAMATI IMO NO: 9175224 GT: 4606 NT: 2036 PORT OF REG: LAGOS	02-04-22 AGGE	28-02-23 AGGE
OFF NO: 329894 GRT/NRT: 1333/399 PORT OF REG: LAGOS	01-05-23 NIWA JETTY WARRI	30-07-23 NIWA JETTY WARRI

\* Insert KW/BHP for engine room workers, for others insert gross tonnage  
\* Insert FGN for International Voyage, NCV for Near Coastal Voyage

# RECORD OF SEAFARER'S SEAGOING SERVICE

Grade (Rank)	Voyage Description	1. Ship's Stamp and Signature of Master 2. Signature and Official Stamp of Shipping Master
DECK CADET	F.G.	1. Master 2. Shipping Master
A/B	NCV	
A/B	NCV	

\* Insert KW/BHP for engine room workers, for others insert gross tonnage  
\* Insert FGN for International Voyage, NCV for Near Coastal Voyage

# RECORD OF SEAFARER'S SEAGOING SERVICE

Name of Vessel, Gross Tonnage or Propulsion Power, IMO number, Type	Date and Place of Engagement	Date and Place of Discharge
OFF NO: 329894 GRT/NRT: 1333/399 PORT OF REG: LAGOS	04-09-23 NIWA JETTY WARRI	29-11-23 NIWA JETTY WARRI
MT SHEBA OFF NO : 9514237 CALL SIGN : 5 OAH GRT : 4568 NRT : 1671 BHP : 3850	06-01-24 LAGOS	20-06-24 LAGOS

\* Insert KW/BHP for engine room workers, for others insert gross tonnage  
\* Insert FGN for International Voyage, NCV for Near Coastal Voyage

# RECORD OF SEAFARER'S SEAGOING SERVICE

Grade (Rank)	Voyage Description	1. Ship's Stamp and Signature of Master 2. Signature and Official Stamp of Shipping Master
A/B	NCV	1. Master 2. Shipping Master
AB	NCV	

\* Insert KW/BHP for engine room workers, for others insert gross tonnage  
\* Insert FGN for International Voyage, NCV for Near Coastal Voyage

## RENEWALS

THIS IS TO CERTIFY THAT THIS SEAFERER IDENTIFICATION  
AND RECORD BOOK BELONGING TO

KWALE PHILIP

HAS BEEN RENEWED TILL 15-04-2029

BOOK NO. N061322

PLACE WARRI

UDD, CYPRUS

NAME OF SHIPPING  
SUPERINTENDENT

NAME OF DULY  
AUTHORIZED OFFICIAL

SIGNATURE OF SHIPPING  
SUPERINTENDENT

SIGNATURE OF DULY  
AUTHORIZED OFFICIAL

\* IN THE ABSENCE OF THE SUPERINTENDENT, A DULY AUTHORIZED OFFICIAL SHOULD MAKE THE REQUIRED ENTRY

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## RENEWALS

THIS IS TO CERTIFY THAT THIS SEAFERER IDENTIFICATION  
AND RECORD BOOK BELONGING TO

HAS BEEN RENEWED TILL \_\_\_\_\_

BOOK NO. \_\_\_\_\_ SID \_\_\_\_\_

PLACE \_\_\_\_\_

NAME OF SHIPPING  
SUPERINTENDENT

NAME OF DULY  
AUTHORIZED OFFICIAL

SIGNATURE OF SHIPPING  
SUPERINTENDENT

SIGNATURE OF DULY  
AUTHORIZED OFFICIAL

\* IN THE ABSENCE OF THE SUPERINTENDENT, A DULY AUTHORIZED OFFICIAL SHOULD MAKE THE REQUIRED ENTRY

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