



EMPLOYEE DATA FORM

PERSONAL INFORMATION

Position Applied	AB
Name	HENRY UCHE AFOAKU
Date of Birth	10/10/1983
Nationality	NIGERIAN
State of Origin	IMO
Local Govt. Area (please specify community)	ORLU (OKPORO)
Height/Weight/Blood Group	1.66M/81.5KG/O+
Language	ENGLISH
Marital Status	MARRIED



CONTACT DETAILS

Home Address	NO 32 WOBO STREET BY CARDINAL PHARMACY, RUMUEPIRIKOM/IWOFE ROAD, OPPOSITE HERITAGE FILINGSTATION PORT HARCOURT. RIVERS STATE
Contact Address (in Lagos)	
Telephone	08039313108, 07055285755.
Email	henry4uche@yahoo.com
Working Coverall Size	MEDUIM
Shoe Size	43

TRAVEL DOCUMENT

Type of Documents	Issuing Country	Number	Issue Date	Expiry Date
Passport	NIGERIA	B00188256	22/05/2020	21/05/2025
Seaman Book – National	NIGERIA	NG - 028645	07/02/2011	N/A
Seaman Book –Flag state				

MEDICAL

Type	Issuing Country	Number	Issue Date	Expiry Date
Medical Report	NIGERIA. SPRING HOSPITAL	EZP 000225	14/06/2022	13/06/2024
Drug & Alcohol Test				
Vaccination (Yellow Fever) Compulsory	NIGERIA	A102596	04/09/2019	03/09/2029
Vaccination (Typhoid)	NIGERIA	A102596	04/09/2019	
Vaccination (Cholera)	NIGERIA	A102596	04/09/2019	



ACADEMIC QUALIFICATIONS

Name of Institute	Date attended	Type of Certificate obtained
RIVERS STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY	2007 – 2012	B.Sc. MANAGEMENT.
CONARINA SCHOOL OF MARITIME AND TRANSPORT TECHNOLOGY	23 RD NOV 2022	ASSOCIATE IN NAUTICAL SCIENCE

MARITIME LICENCES

GRADE	Issuing Authority	Certificate No.	Issue Date	Expiry Date	Remarks
COC-	NIMASA	NAB.NAV.0593	15/09/2017	14/09/2022	REGULATION II/5

Courses & Certifications

GRADE	Issuing Authority	Certificate No.	Issue Date	Expiry Date	Remarks
FAMILIARIZATION AND BASIC SAFETY TRAINING	CHARKIN MARITIME SAFTY CENTRE	CM241320040607	04/06/2020	03/06/2025	
ISPS(SEcurity AWARENESS)	CHARKIN MARITIME SAFTY CENTRE	CM09351810083	10/08/2018	N/A	
PSSR	CHARKIN MARITIME SAFTY CENTRE	CM241320040607	04/06/2020	03/06/2025	
FIRE PREVENTION AND FIRE FIGHTING	CHARKIN MARITIME SAFTY CENTRE	CM241320040607	04/06/2020	03/06/2025	
PST	CHARKIN MARITIME SAFTY CENTRE	CM241320040607	04/06/2020	03/06/2025	
MEDICAL FIRST AID					
SURVIVAL CRAFT & RESCUE BOAT	WORKPLACE SAFETY NIGERIA LIMITED	WPSN/PSCRB/2022/1103	28/10/2022	27/10/2027	
ADVANCE FIRE					
PROFICIENCY IN FAST RESCUE BOAT (PFRB)	WORKPLACE SAFETY NIGERIA LIMITED	WPSN/PFRB/2022/1106	01/06/2022	31/05/2027	
ELEMENTARY FIRST AID	CHARKIN MARITIME SAFTY CENTRE	CM241320040607	04/06/2020	03/06/2025	
BOSIET(OPITO)	TOLMANN	3869570009062118073	09/05/2021	08/05/2025	
ERM					
HIGH VOLTAGE					
HELM					



SUMMARY OF SAILING EXPERIENCE IN EACH RANK;

Master / Chief Eng	C/O / 2E	2/O / 3E	3/O / 4E	Deck / EngCGadet

SEA SERVICE RECORDS:

(Please start your latest sea service records on top)

S/No	Vessel Name	(A) Owners/ Managers / (B) Manning Agency	Vessel Type/GRT/DWT	Engine model, type BHP	Rank	Sailing Period	Brief description of types of operations and operations locations
1	OOO COUGAR	MARLOW NAVIGATION OFFSHORE/MARITEAM NIG LTD	PLATFORM SUPPLY/2180	CATERPILLAR	AB	3 MONTHS	PLATFORM SUPPLY, YOHO, USAN, ERHA OILFIELD
2	OOO EMERALD	MARLOW NAVIGATION OFFSHORE/MARITEAM NIG LTD	PLATFORM SUPPLY/3832	CUMINS	AB	2 MONTHS	PLATFORM SUPPLY, AMENAM OILFIELD
3	OOO COUGAR	MARLOW NAVIGATION OFFSHORE/MARITEAM NIG LTD	PLATFORM SUPPLY/2180	CATERPILLAR	AB	2 MONTHS	PLATFORM SUPPLY, AMENAM OILFIELD
4	OOO COUGAR	MARLOW NAVIGATION OFFSHORE/MARITEAM NIG LTD	PLATFORM SUPPLY/2180	CATERPILLAR	AB	2 MONTHS	PLATFORM SUPPLY, AMENAM OILFIELD
5	OOO COUGAR	MARLOW NAVIGATION OFFSHORE/MARITEAM NIG LTD	PLATFORM SUPPLY/2180	CATERPILLAR	AB	4 MONTHS	PLATFORM SUPPLY, AMENAM OILFIELD
6	OOO COUGAR	MARLOW NAVIGATION OFFSHORE/MARITEAM NIG LTD.	PLATFORM SUPPLY/2180	CATERPILLAR	AB	4 MONTHS	PLATFORM SUPPLY, AMENAM OILFIELD
7	SUBTECH PALADIN	SUBTE/GO OFFSHORE	DSV/5648/4600	CATERPILLAR	AB	3 MONTHS	TOTAL E&P CONGO, RANA DIVING S.P.A, DJN: REPLACEMENT DE LA VANNE EST PLEM BOUEE BLUEWATER. MHN- INSPECTION DU TENDON TG TLP.



8	HARVEY ROVER	HARVEY GULF INTERNATIONAL MARINCE, LLC/MARITEAM NIG LTD.	PLATFORM SUPPLY VESSEL/1786T/3080T	CUMMINS	AB	4 MONTHS	PLATFORM SUPPLY, FIRST E&P OIL FIELD
9	HARVEY ROVER	HARVEY GULF INTERNATIONAL MARINCE, LLC/MARITEAM NIG LTD.	PLATFORM SUPPLY VESSEL/1786T/3080T	CUMMINS	AB	4 MONTHS	PLATFORM SUPPLY, OKORO OIL FIELD/IMA TERMINAL/LANGLEY & TUBO FIELD
10	MARTHA'S PRIDE	PORTPLUS NIG LIMITED/MARITEAM NIG LTD.	OSV/PSV/4956T	CATERPILLAR/ AZIMUTH THRUSTERS/ 4 X 2094KW	AB	4 MONTHS	OFFSHORE SUPPLY, BONGA OIL FIELD/SEA EAGLE OIL FIELD
11	MARTHA'S PRIDE	PORTPLUS NIG LIMITED/MARITEAM NIG LTD.	OSV/PSV/4956T	CATERPILLAR/ AZIMUTH THRUSTERS/ 4 X 2094KW	AB	3 MONTHS	OFFSHORE SUPPLY, BONGA OIL FIELD
12	MARTHA'S PRIDE	PORTPLUS NIG LIMITED/MARITEAM NIG LTD.	OSV/PSV/4956T	CATERPILLAR/ AZIMUTH THRUSTERS/ 4 X 2094KW	AB	2 MONTHS	OFFSHORE SUPPLY, BONGA OIL FIELD
13	MV. MLS PEAL	HARPS HOLDINGS PTE LTD/ OARSMANNS	ANCHOR HANDLING/573/338T	3,600BHP	AB	3 MONTHS	TOWING, TEMA AND TAKORADI GHANA
14	QUEEN OFONIME	BENEPROJECTI LTD/VM. MARINE INT/ OARSMANNS	OFFSHORE TUG/SUPPLY SHIP/3601/5158T	CUMMINS/ 4x1825KW	AB	5 MONTHS	OFFSHORE SUPPLY, AGBAMI FIELD
15	QUEEN OFONIME	BENEPROJECTI LTD/VM. MARINE INT/ OARSMANNS	OFFSHORE TUG/SUPPLY SHIP/3601/5158T	CUMMINS/ 4x1825KW	AB	2 MONTHS	OFFSHORE SUPPLY, AGBAMI FIELD
16	QUEEN OFONIME	BENEPROJECTI LTD/VM. MARINE INT/ OARSMANNS	OFFSHORE TUG/SUPPLY SHIP/3601/5158T	CUMMINS/ 4x1825KW	AB	2 MONTHS	OFFSHORE SUPPLY, AGBAMI FIELD
17	QUEEN OFONIME	BENEPROJECTI LTD/VM. MARINE INT/ OARSMANNS	OFFSHORE TUG/SUPPLY SHIP/3601/5158T	CUMMINS/ 4x1825KW	AB	6 MONTHS	OFFSHORE SUPPLY, AGBAMI FIELD
18							
19							
20							
21							

ADDITIONAL INFORMATION



INTERESTS

READING, SPORTS AND TRAVILING.

PC skills

COMPUTER APPLICATIONS,

References

CAPT. LAWRENCE ONOME IGHOSOTUYA - 08033255202.

MR. KENNEDY MBATA - 07035727265.



CHARKIN
MARITIME & OFFSHORE SAFETY CENTRE
www.charkincentre.com



CM241320040607

Certificate Number

Certificate of Training

This is to certify that

AFOAKU HENRY UCHE

Date of Birth: **10-10-1983**

Has Successfully Completed



STCW BASIC SAFETY TRAINING

*Has met the Standard of competence as specified in the STCW Convention as amended
(including 2010 amendments) and has met the requirements laid down in
Personal Survival techniques; Section A-VII/I, Table A-VII/I-1
Fire Prevention and Fire Fighting; Section A-VII/I, Table A-VII/I-2
Elementary First Aid; Section A-VII/I, Table A-VII/I-3
Personal Safety and Social Responsibilities; Section A-VII/I, Table A-VII/I-4*

04-06-2020

Issue Date



SIGNATURE OF INSTRUCTOR

03-06-2025

Expiry Date

0011348

For certificate verification please log on to www.charkincentre.com



AFOAKU

ECONOMIC COMMUNITY OF
WEST AFRICAN STATES
(ECOWAS)



FEDERAL REPUBLIC OF NIGERIA

PASSPORT



VISAS

Young Sustech Paladim

NIS

SOD 2682

11 JUN 2021

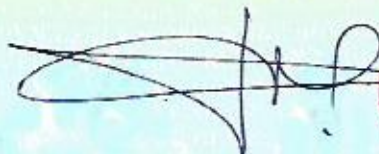
TINCAN JETTY

832031003

REPUBLIQUE DU CONGO

Service Spécial Transfrontalier
du Port Autonome de Pointe-Noire
Transit avec Arrêt

24/06/21 *26/06/21*
24/06/21



Capitaine de Police

Moudoudou Pambou Serge
Commissaire de Police



20 JUN 2021

800188356

REPUBLICA DE GUINEA ECUATORIAL
DIRECCION GENERAL DE SEGURIDAD
ENTRADA

4.8.2021

COMISARIA DE FLONTERA LUBA

REPUBLICA DE GUINEA ECUATORIAL
DIRECCION GENERAL DE SEGURIDAD
SALIDA

18.09.2021

COMISARIA DE FLONTERA LUBA



REPUBLIQUE DU CONGO
VISA

Nom **AFOAKU**
Prénoms **HENRY UCHE**
Nationalité **NIGERIANE**
Profession **MARIN**
Motif du voyage **TRAVAIL**
Adresse **SOCIETE RANA CONGO**
N° du Passeport **B00-188256**

Type de visa **Long séjour** nombre d'entrées(s)
(Visa type) Number of entries
Durée **jours**
(Stay of) (days)
Date d'Expiration **05.07.2022**
(Date of expiry)
Délivré à **PNR** le **06.07.21**
(Issued to) (on)
Taxe **15000 FCFA** Autorité Signataire
(Fees) (Signature and stamp)



Colonel de Police
Elie A. IPO ETOU



VISA



VISA

444331009

800188256



FEDERAL REPUBLIC OF NIGERIA

226918

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: <u>AFOAIKU</u>	Given Names: <u>HENRY UCITE</u>
Discharge Book No: <u>SSID NO: MLC 028645</u>	Passport No: <u>B00188256</u>
Date of Birth: <u>10/01/1983</u>	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
	Nationality: <u>NIGERIA</u>

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): <u>10/07/24</u>	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 ☒ 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 <input 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
<u>10/07/2024</u>	<u>10/07/2026</u>

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:

Dr. Henry A. M. Sota,
Medical Director
HARLEY CLINICS, P.H.





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: AFONKU OTHER NAMES: HENRY Uche
DATE OF BIRTH: 10/10/83 AGE: 40y SEX: M NATIONALITY: NIGERIAN
DATE OF APPLICATION: 10/07/2024 PLACE OF BIRTH: Port Harcourt, Rivers St.
Discharge Book NO.: NIA 028645 Company: _____ Vessel: _____
Address: No 5 Agamwulu Str. Mgbuaba, Ptte
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 checked="" type="checkbox"/> <input type="checkbox"/> | (27.) Sugar in the Urine | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| (13.) Any vomiting | <input checked="" type="checkbox"/> <input 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 <input checked="" type="checkbox"/> <input type="checkbox"/> <u>14/12</u>	(B.) Typhoid Fever <input type="checkbox"/> <input checked="" type="checkbox"/> _____	(C.) Cholera <input type="checkbox"/> <input checked="" type="checkbox"/> _____	(D.) Meningitis <input type="checkbox"/> <input checked="" type="checkbox"/> <u>4/9/19</u>
(E.) Yellow Fever <input checked="" type="checkbox"/> <input type="checkbox"/> <u>4/9/19</u>	(F.) Hepatitis <input type="checkbox"/> <input checked="" type="checkbox"/> _____	(G.) Tuberculosis <input checked="" type="checkbox"/> <input type="checkbox"/> <u>3ca @ Bm</u>	

3. SOCIAL/FAMILY HISTORY

- (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 NIL

I, AFONKU HENRY Uche 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)

10/07/2024

Date

AFONKU HENRY Uche

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: AFOAKU Henry Uche
(Surname first)

Discharge Book No: Nig 028645

APPEARANCE

Normal

GENERAL EXAMINATION

Weight: 80kg Height: 167cm Gait ☒ Normal ☐ Abnormal
Temperature: 36.2°C Blood Pressure: 120/80 Pulse Rate: 70 6/m Pallor: NIL
Palpable ☒ Impalpable ☐ If palpable, state region/location
Lymph Nodes ☐ ☒

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.) Hernial Orifices	<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	6/- <u>6</u>	6/- <u>6</u>
With glasses	6/- <u>6</u>	6/- <u>6</u>
Colour Vision	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

(1.) Blood Group & Genotype per 45 use 7400
(2.) Full blood count N 66 L 34 m-o

	Negative	Positive
(3.) VDRL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4.) HIV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5.) Hepatitis B Antigen	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(6.) Widal (for Catering Dept) normal tests

(7.) Urinalysis NAD

	Normal	Abnormal
(8.) Chest X-Ray with Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Normal	Abnormal
(9.) Electrocardiogram	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OTHER EXAMINATIONS

	Normal	Abnormal
(1.) Speech (Voice Communication)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2.) Hearing		
- Audiometry	RT <input checked="" type="checkbox"/> LT <input checked="" type="checkbox"/> RT <input checked="" type="checkbox"/> LT <input checked="" type="checkbox"/>	

Dr Henry Am. Sota
Physician's Name

Harley Clinics
AKORINWOJA ROAD
near the BIG TREE
08033391509
07014177051

Physician's Address/Telephone No.

Dr Henry Am. Sota
Physician's Signature & Stamp
Dr. Henry A. M. Sota
Medical Director
HARLEY CLINICS PH

[illegible]

ER DETAILS

AILS OF LICENCES/CERTIFICATES

ALIFICATION	DOC NO	RANK	STCW REG.	DATE ISSUED	DATE EXPIRE	ISSUING AUTHORITY
NATIONAL LICENCE	695	A/B	95	9/6/08	20/8/13	NMA
FLAG STATE LICENCE 1						
FLAG STATE LICENCE 2						
GOC. NATIONAL						
TANKER FAMILIARIZATION						
CHEM. TANKER HGHEST GRADE						
OIL TANKER HIGHEST GRADE						
LPD TANKER HIGHEST GRADE						
STCW95 ENDORSEMENT	YES	A/B	95	6/4/10	5/4/15	C MSC

RECORD OF PREVIOUS SERVICES

COMPANY	RANK	SHIP PARTICULARS					MAIN ENGINE		DATE	
		NAME	TYPE	FLAG	GRT	YEAR BUILT	POWER	TYPE	FROM	TO

SUMMARY OF SEA SERVICE IN MONTHS FOR ALL CARRIER

RANK	BULK	CARGO	RO-RO	OIL TK	CHEMICAL TK	REEFER	CONTAINER	OTHER	TOTAL

SUMMARY OF EXPERIENCE ON ENGINE TYPE IN MONTHS FOR ALL CARRIER (ENGINEERS APPLICANTS ONLY)

ENGINE TYPE	MAN	SULZER	B & W	PIELSTICK	STEAM TURBINE	DEUTZ	OTHER	TOTAL
RANK								

COLLEGES/INSTITUTES

NAME OF INSTITUTION	COURSE ATTENDED	FROM	TO	QUALIFICATION
CHARKIN MARITIME	PST, PSSR	2010	2015	STCW 95
SAFTY CONIPER	SEAT, IFFT			C MSC

COURSES (CURSURI IMO)

NAME OF COURSES	STCW95 TRAINING COURSES				
	REG. STCW95	DOC. NO	ISSUED DATE	EXPIRES DATE	ISSUING AUTHORITY
PERSONAL SURVIVAL TECHINICS	A-VI/1-1	108542	6/4/10	5/4/15	CMSC
BASIC FIRE FIGHTING	A-VI/1-2	202559	6/4/10	5/4/15	CMSC
ELEMENTARY FIRST AID	A-VI/1-3	308538	6/4/10	5/4/15	CMSC
PERSONAL SAFETY AND SOCIAL RESPONSIBILITY	A-VI/1-4	402515	6/4/10	5/4/15	CMSC
PROFICIENCY IN SURVIVAL CRAFT	A-VI/2-1				
PROFICIENCY IN FAST RESCUE BOATS	A-VI/2-2				
ADVANCED FIRE FIGHTING	A-VI/3				
MEDICAL FIRST AID	A-VI/4-1				
MEDICAL CARE	A-VI/4-1				
RADAR APRA-OPERATIONAL LEVEL	A-1/12,II/I				
RADAR ARPA/SAR MANAGEMENT	A-II/12,II/2				
TRANSPORT AND HANDLING DANGEROUS AND HARMFUL CARGOES	A-II/1,2 OR III/1,2				
PREVENTION OF POLLUTION OF THE MARINE ENVIRON (MARPOL 73/78)	A-I/1,2 OR III/1,2				
MARITIME ENGLISH, PROBLEMS OF COMMUNICATION IN HUMAN REL.	A-I/1,2 OR II/1,2				

IMO COURSES FOR TANKERS/LPG/LNG/CHEMICAL

OIL TANKER FAMILARISATION	A-V/I,1-7				
SPECIALISED TRAINING FOR OIL T.	A-V/I,8-14				
SPECIALISED TRAINING FOR CHEM. T.	A-V/I,15-21				
SPECIALISED TRAINING FOR L.G.T.	A-V/I,22-34				
GMDSS					
ISM					

IMO COURSES FOR RO-RO / PASSENGERVESSELS

PROFICIENCY IN CROWD MAGT.	A-V/2,1				
RO-RO/PASSENGERS SHIP FAM.	A-V/2,2				
PROFICIENCY IN SAFETY, CARGO	A-V/3,4				
PROFICIENCY IN CRISIS MAGT.	A-V/3,5				

I hereby declare that I do not suffer from any illness or pre-existent adverse medical condition and that the information given are correct to the best of my knowledge. I also declare that I have not been convicted of refused entry or declare undesirable by any state. I understand that supplying false information or misrepresentation or omitting any facts or information is cause for my refusal to hire or dismissal. Further, I understand that my employment is conditioned upon a favorable health evaluation. I do hereby authorize and investigation of all statement contained in this Application.

SIGNED: 

DATE: 05/08/2011

PLACE: NIMASA POOL P



SEAFAREARS IDENTITY DOCUMENT

APPLICATION FORM

APPLICATION NO:	SURNAME: AFOAKU
RANK: ABLE SEAMAN	GIVEN NAME: HENRY UCHE
SEX: MALE	NATIONALITY: NIGERIAN
PERSONAL DETAILS: Henry4uche@yahoo.com	
MARITAL STATUS: Single	RELIGION: CHRISTIAN STATE OF ORIGIN: IMO
WEIGHT (kg) 80kg HEIGHT (m) 1.68m	LGA: ORLU
DATE OF BIRTH 10th OCTOBER 1983	PLACE OF BIRTH: PORT HARCOURT
OTHER LANGUAGES ENGLISH, 1980	COLOUR OF EYES: COLOUR OF HAIR BROWN/BK
PRESENT RESIDENTIAL ADDRESS: Emekuku STREET A/LINE PH NO 806	SPECIFIC FEATURES: NONE
PHONE: 08039313108, 07055285755	
E-mail: henry4uche@yahoo.com	
NAME AND ADDRESS OF NEXT OF KIN: KERECHE ISRAEL SABASTIANOS	
RELATIONSHIP: BROTHER	PHONE: 08068485763

DOCUMENTS	DOC No	ISSUED DATE OF:	EXPIRY DATE	ISSUE PLACE OF:	ISSUING AUTHORITY
INTERNATIONAL PASSPORT	A0639492502	04/2015	01/04/2020	PH	NG Immigration
SEAMAN'S RECORD BOOK & CERT OF DISCHARGE	NIG-02864507	02/2011		PH	NIMASA
MEDICAL CERTIFICATE	000741	22/07/2014	22/07/2016	PH	maritime star hospital
NATIONAL IDENTITY CARD NO:					

CAREER DETAILS:			
PROFESSIONAL AND MANDATORY CERTIFICATES:			
QUALIFICATIONS	DATE ISSUED:	DATE OF EXPIRY:	ISSUING AUTHORITY
STCW (2010)	27/03/2015	27/03/2020	CHARTERED MARITIME

RECORD OF PREVIOUS SERVICE

COMPANY	BANK	SHIP PARTICULAR				MAIN ENGINE		DATE	
		NAME	TYPE	FLAG	GRT	POWER	TYPE	FROM	TO
Bowen Project 1	AB	Puller offshore	PSV	NIG	3601	4x1825kW	4	24/9/14	27/3/15
Bowen Project 1	AB	Puller offshore	PSV	NIG	3601	4x1825kW	4	26/06/15	21/08/15

ANY PREVIOUS SID?

YES/NO..... No

IF YES GIVE DETAILS:.....

.....

.....

HAVE YOU BEEN CONVICTED BEFORE?

YES/NO..... No

IF YES, STATE REASONS:.....

.....

.....

DECLARATION:

I, AFOAKU HENRY UCHE declare that the information given here are correct to the best of my knowledge:

SIGN: <u>AFOAKU HENRY UCHE</u>		LEFT	RIGHT
DATE: <u>20/10/2015</u>	THUMB PRINT		

OFFICIAL USE ONLY:

VERIFICATION OFFICER (NAME)

SSIGN:

DATE:

32, Wobo Street,
Iwofe Road, Rumuolumini,
Port Harcourt,
Rivers State,
Nigeria.

16th February, 2023.

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



Dear Sir/Madam,

REQUEST FOR REGISTRATION STATUS/NUMBER

I, HENRY UCHE AFOAKU 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-028645 |
| 2. Date of Birth: | 10/10/1983 |
| 3. Rank: | ABLE SEAMAN |
| 4. STCW No.: | CM241320040607 |
| 5. COC No.: | NAB.NAV.0593 |
| 6. Regulation: | II/5 |

Thanks for your anticipated grant.

Yours faithfully,

Henry Uche Afoaku
08039313108

NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY
MARITIME LABOUR SERVICES

IN RESPECT TO YOUR REGISTRATION AS SUBSTANSIVE SEAFARER

Dear **HENRY UCHE AFOAKU**

We write to confirm that your registration as a Seafarer was successfully carried out and the under listed.

Registration **N/DR/2068** is attached to you and has been uploaded into the Agency's data base of registered Seafarers.

Regards



IMO EKONG

Assistant Chief Maritime Labour Services
(ACMLD)

THE REPUBLIC OF THE
MARSHALL ISLANDS



MARITIME ADMINISTRATOR

SEAFARER'S
IDENTIFICATION
AND RECORD BOOK

THIS BOOK IS A SEAFARER'S IDENTITY DOCUMENT ISSUED FOR THE PURPOSES OF PROVIDING THE HOLDER WITH IDENTITY PAPERS FOR TRAVEL TO OR FROM AN ASSIGNED VESSEL OR PURSUANT TO INSTRUCTIONS BY THE MASTER OF SUCH A VESSEL AND PROVIDING A RECORD OF THE HOLDER'S SEA SERVICE.

THIS BOOK IS ISSUED PURSUANT TO REPUBLIC OF THE MARSHALL ISLANDS MARITIME ACT AND REGULATIONS. THE CONTENTS OF THIS BOOK ARE IN CONFORMITY WITH THE PROVISIONS OF ILO CONVENTIONS ON SEAFARER'S IDENTITY DOCUMENTS.

THIS BOOK IS A STAND-ALONE DOCUMENT AND IN NO WAY AFFECTS THE NATIONAL STATUS OF THE HOLDER. THIS BOOK IS NOT A PASSPORT.

THE SPECIAL QUALIFICATION CERTIFICATES ENTERED WITHIN THIS BOOK ARE ISSUED IN CONFORMITY WITH VARIOUS INTERNATIONAL CONVENTIONS, INCLUDING STCW '78, AS AMENDED.

M I S H I L

REPUBLIC OF
THE MARSHALL ISLANDS
OFFICE OF THE MARITIME
ADMINISTRATOR

THIS SEAFARER'S IDENTITY DOCUMENT AND
RECORD BOOK IS GRANTED TO

Family Name: **AFOAKU**
Given Name: **HENRY UCHE**
Book: **MH 617545**

UNDER AUTHORITY OF
SECTION 109, CHAPTER I OF THE MARITIME ACT
1990
AS AMENDED



Signature of duly authorized official

R. A. Fay

Name of duly authorized official

VOID UNLESS VALIDATED BY SIGNATURE
OF DEPUTY COMMISSIONER

EXCLUSIVE OF COVERS

BOOK: MH 617545

FIN: 1201626

FAMILY NAME: AFOAKU

GIVEN NAME: HENRY UCHE

BIRTH DATE:

10-OCT-1983

BIRTH PLACE:

PORT HARCOURT, NIGERIA

NATIONALITY:

NIGERIA

ISSUE DATE:

30-AUG-2018

EXPIRATION DATE:

29-AUG-2023

SEX:

Male

DISTINGUISHING MARKS:

PLACE OF ISSUE:

OFFICE OF THE MARITIME ADMINISTRATOR
RESTON, VIRGINIA, U.S.A.

Marshall Islands seafarer certificates can be verified on our website at www.register-iri.com, by contacting the Office of the Maritime Administrator at seafarers@register-iri.com or +1-703-620-4880 or by scanning the QR Code with an appropriate reader.



MI-272A (REV 08/13)

PAGE 2

PAGE 3



SIGNATURE (NOT VALID UNLESS SIGNED BY BEARER)

Republic of the Marshall Islands

CERTIFICATE ISSUED UNDER THE PROVISIONS OF THE INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING, CERTIFICATION AND WATCHKEEPING FOR SEAFARERS, 1978, AS AMENDED

The Government of the Republic of the Marshall Islands certifies that

HENRY UCHE AFOAKU

has received appropriate approved "Basic Training" in accordance with the provisions of Section A-VII/1-2 of the above Convention, as amended, in the following:

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

Certificate No.: 2103117

Issued On: 30-AUG-2018

Book No.: MH 617545

FIN: 1201626

Signature of Seafarer

10-OCT-1983

Date of Birth

BAS

Signature of duly authorized official

R. A. Fay

Name of duly authorized official

MI-279A (REV 04/06)

Republic of the Marshall Islands

ENDORSEMENT ATTESTING THE RECOGNITION OF A CERTIFICATE UNDER THE PROVISIONS OF THE INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING, CERTIFICATION AND WATCHKEEPING FOR SEAFARERS, 1978, AS AMENDED

The Government of the Republic of the Marshall Islands certifies Certificate No.

NAB.NAV.0593

issued to

HENRY UCHE AFOAKU

NIGERIA

is duly recognized

by or on behalf of the Government of

in accordance with the provisions of regulation I/10 of the above Convention, as amended, and the lawful holder is authorized to perform the following functions at the levels until specified, subject to any limitations indicated until NO DATE OF EXPIRY

FUNCTION	LEVEL	LIMITATIONS APPLYING (IF ANY)
Navigation	Support	None

The lawful holder of this certificate may serve in the following capacity or capacities specified in the applicable safe manning requirements of the Administration and is qualified for security awareness in accordance with STCW Reg. VI/6 :

CAPACITY	LIMITATIONS APPLYING (IF ANY)
Able Seafarer Deck	None

Certificate No.: 2103118

Issued On: 30-AUG-2018

Book No.: MH 617545

FIN: 1201626

Signature of Seafarer

10-OCT-1983

Date of Birth

ASD

Signature of duly authorized official





R. A. Fay

Name of duly authorized official

MI-279D (REV 06/14)

0407180

0407180

NAME OF VESSEL OFFICIAL NO. GROSS TONNAGE OR KW PROPULSION*	DATE AND PLACE OF		GRADE/ RANK	DESCRIP- TION OF VOYAGE	SIGNATURE OF MASTER	COMPANY STAMP OR SEAL
	ENGAGEMENT	DISCHARGE				
MARTHA'S PRIDE ON: 7886 GT: 4956	14.08.2018 ONNE PORT	26.11.2018 ONNE PORT	AB	FG		
MARTHA'S PRIDE ON: 7886 GT: 4956	22.02.2019 ONNE PORT	21.05.19 ONNE	AB	FG		
	13.06.2019 ONNE PORT	17.10.2019 ONNE PORT	AB	F.9		

*ENGINE ROOM WORKERS GIVE KW PROPULSION, OTHERS GROSS TONNAGE

The Republic of Liberia

LIBERIA MARITIME AUTHORITY

CERTIFICATE OF RECEIPT OF APPLICATION

**ATTESTING THE RECOGNITION OF A CERTIFICATE UNDER THE PROVISION OF
THE INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING
CERTIFICATION AND WATCHKEEPING FOR SEAFARERS, 1978,
AS AMENDED**

The Government of the Republic of Liberia certifies that:

Name: HENRY UCHE AFOAKU

Passport Number: B00188256

By the Government Of: Nigeria

Is duly recognized as having applied for documents satisfying the provisions of the above Convention, as amended, and the lawful holder is authorized to serve in the following capacity or capacities specified in the applicable safe manning requirements of Administration for a period of three (3) months until: 13-Jul-2023, while the application for Liberian Documents is being processed.

CAPACITY	LIMITATIONS APPLYING (IF ANY)
SQC (ASD, BAS)	NONE
BOOK (5 YEAR BOOK)	

ISSUED ON: 13-Apr-2023

ISSUING OFFICER:

DATE OF BIRTH OF THE HOLDER: 10-Oct-1985

SIGNATURE OF THE HOLDER:

NOTE: This signed and stamped certificate and the foreign certificate must be kept available in accordance with Regulation I/2, paragraph 11 of the convention while serving on a ship



Photograph of the holder of this certificate



CERTIFICATE

This is to certify that

AFOAKU HENRY UCHE

Has successfully completed the Computer Based Training Course

ISO 14001:2015
for Ratings

Result: 90.00 %

Confirmed/Authenticated by

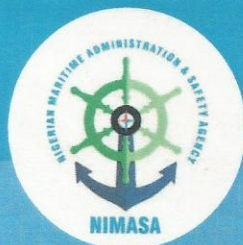
Signature of the Trainee

Completion Date:
15-4-2023

OOC COUGAR	
OFFICIAL NO:	5172
CALL SIGN	V2628
ORT	2100
17-1	4070
17-2	4070
17-3	4070
17-4	4070
17-5	4070
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17-100	4070



CHARKIN
MARITIME & OFFSHORE SAFETY CENTRE
www.charkincentre.com



Certificate Number CM09351810083

Certificate of Training

This is to certify that

AFOAKU HENRY UCHE

Date of Birth: _____

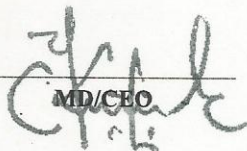
10-10-1983

Has Successfully Completed



PROFICIENCY FOR SEAFARERS WITH SECURITY AWARENESS

*And has met the Standard of Competence as specified in SECTION A-VI/6, Table A-VI/6
-1 & A-VI/6-2 of the STCW Convention as amended (including 2010 amendments)*


MD/CEO

10-08-2018

Issue Date





SIGNATURE OF INSTRUCTOR

N/A

Expiry Date

JOEMARINE INSTITUTE OF NAUTICAL STUDIES & RESEARCH



39th Street Plot 10, DDPA Estate, P.O. Box 4892, Warri, Delta State, Nigeria
TEL: 08053095168, 08057164582, 08023291858, 08054535179, E-Mail: jmnpcph@yahoo.com, www.joemarineinstitute.com

Certificate Of Training

This is to Certify that

AFOAKU HENRY UCHE

Has successfully completed a
EFFICIENT DECK HAND
Training Course at

Joemarine Institute of Nautical Studies & Research (Warri, Delta State - Nigeria)

Cert No: 0000618

JNSR/EDH/6/0618/2012

Registrar

Date of Issue: 24TH JULY, 2012

Director of Studies



Certificate of Completion

This certifies that

HENRY UCHE AFOAKU

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

23072661482958

Certificate Number

7/26/2023

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>

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]
 Signature of the Authorised Officer

EGUZO J.A.
 Name/Designation

Date **7th FEB. 2011**
Shipping Master, PH

PARTICULARS OF SEAMAN

SURNAME (In block letters)

AFOAKU

OTHER NAMES (In full)

HENRY . U

Date of Birth

10 10 83

Height

1 60M

Place of Birth

PHC

Colour of Eyes

BROWN

Rolled Thumb Print Impressions

Left Thumb

Right Thumb

Signature of Seaman

[Signature]

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 Home Port	Date and place of		* Rating
		Engagement *	Discharge	
1	M/V CAMERON OFF NO. 38627 GRT 1373 BHP	08.02.11	10.04.11	DECK HAND
2	M/V CAMERON OFF NO. 38627 GRT 1373 BHP	15.05.11	17.07.11	A/B
3	M/V CAMERON OFF NO. 38627 GRT 1373 BHP	20.08.11	21.10.11	A/B
4	M/V CAMERON OFF NO. 38627 GRT 1373 BHP	15.11.11	16.12.11	A/B
5	M/V CAMERON OFF NO. 38627 GRT 1373 BHP	31.12.11	30.6.12	A/B
6	QUINTON NIGERIA PORT OF REGISTRY: LAGOS IMO No. 8965482 CT 3601 NT 1423 BHP	24.09.14	27.03.15	A/B

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









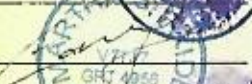
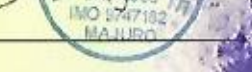


* Description of voyage**	Copy of Report of Character		Signature of (1) master and of (2) Shipping Master and official stamp
	Reliability	For good conduct	
1	VERY GOOD	VERY GOOD	(1) <i>Time</i> (2) <i>Time</i>
2	VERY GOOD	VERY GOOD	(1) <i>Time</i> (2) <i>Time</i>
3	VERY GOOD	VERY GOOD	(1) <i>Time</i> (2) <i>Time</i>
4	VERY GOOD	VERY GOOD	(1) <i>Time</i> (2) <i>Time</i>
5	VERY GOOD	VERY GOOD	(1) <i>Time</i> (2) <i>Time</i>
6	VERY GOOD	VERY GOOD	(1) <i>Time</i> (2) <i>Time</i>

** FGN = Foreign Going

NCV = Near Coastal Voyages

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



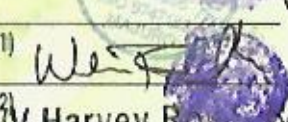
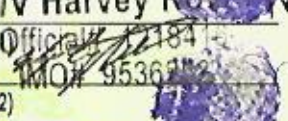
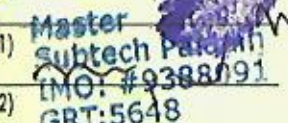
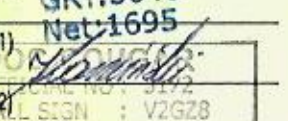
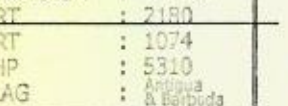

No	* Name of Ship Official Number Gross Tonnage Port of Registry	Date and place of		* Rating	* Description of voyage**	Copy of Report of Character		Signature of (1) master and of (2) Shipping Master and official stamp	
		Engagement *	Discharge			For ability	For general conduct		
7	QUEEN OF NIGERIA PORT OF REGISTRY: LAGOS IMO No. 1429	26.06.15 ONNE PORT	21.08.15 ONNE PORT	A/B	7 FG	VEG. GOOD	VEG. GOOD	(1)  (2) Master 	
8	QUEEN OF NIGERIA PORT OF REGISTRY: LAGOS IMO No. 1429	25.10.15 ONNE PORT	20.12.15 ONNE PORT	A/B	8 FGN	VEG. GOOD	VEG. GOOD	(1)  (2) 	
9	QUEEN OF NIGERIA PORT OF REGISTRY: LAGOS IMO No. 1429	11.02.16 ONNE PORT	23.07.16 ONNE PORT	A/B	9 FGN	VEG. GOOD	VEG. GOOD	(1)  (2) 	
10	QUEEN OF NIGERIA PORT OF REGISTRY: LAGOS IMO No. 1429	24.10.16 PORT ONNE	30.12.16 PORT ONNE	AB	10 FGN	VEG. GOOD	VEG. GOOD	(1)  (2) 	
11	MY MLS PEARL SINGAPORE CALL SIGN : 9V3395 OFF NR : 400102	29-11-17 TEMA PORT GHANA	02-02-18 TEMA PORT GHANA	A B	11 FGN	VEG. GOOD	VEG. GOOD	(1)  (2) 	
12	MY SEL NAR 573 PORT OF REGISTRY: MARSHALL ISLAND IMO NO. 9747182 CALL SIGN: V7187	14.09.18 ONNE PORT	16.11.2018 ONNE PORT	A B	12 FG	VEG. GOOD	VEG. GOOD	(1)  (2) 	

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

** FGN = Foreign Voyages
NCV = Near Coastal Voyages

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 Voyage With Engine No.	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	WARTHE PRIDE VT137 GRT 4955 IMO 9747182 MAURO	22.02.2019 ONNE NIGERIA	21.05.19 ONNE NIGERIA	AB	FG	VERNI 000 120	VERNI 000 120	(1)  (2) 
14	WARTHE PRIDE VT137 GRT 4955 IMO 9747182 MAURO	13.06.2019 ONNE NIGERIA	17.10.2019 ONNE NIGERIA	AB	FG	VERNI 000 120	VERNI 000 120	(1)  (2) 
15	M/V Harvey Rover Official# 1218416 IMO# 9536258	22.11.2019 ONNE NIGERIA	16.03.2020 ONNE NIGERIA	AB	FG	VERNI 000 120	VERNI 000 120	(1)  (2) 
16	M/V Harvey Rover Official# 1218416 IMO# 9536258 LADIN LONDON 9388091 GROSS 5648.00 NET 1695.00 KY8	18/08/2020 ONNE NIGERIA	02/01/21 OFFSHORE NIGERIA	AB	FG	VERNI 000 120	VERNI 000 120	(1)  (2) 
17	WARTHE PRIDE VT137 GRT 4955 IMO 9747182 MAURO	18/06/21 ONNE NIGERIA	21/09/2021 ONNE NIGERIA	AB	FG	VERNI 000 120	VERNI 000 120	(1) (2)
18	WARTHE PRIDE VT137 GRT 4955 IMO 9747182 MAURO	28.12. 2021 ONNE	02.04.2022 ONNE	AB	NEV	/	/	(1) (2)

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

** FG = Foreign Gang
NEV = Near Coastal Voyages

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 at		* Rating	* Description of voyage**	Copy of Report of Character		Signature of Seaman Official No. 5172
		Engagement *	Discharge			For ability	For general conduct	
19	OOO COUGAR NO. 5172 GT. 2180 2 x 1920 kW	16.06. 2022 ONNE	24.08. 2022 ONNE	AB	19 NCV	/	/	(1) CALL SIGN : V2GZ8 (2) GRT : 2180 NRT : 1074 SHP : 5310 FLAG : Antigua & Barbuda
20	OOO COUGAR OFFICIAL NO. 5172 CALL SIGN V2GZ8 GRT : 2180 NRT : 1074 SHP : 5310 FLAG : Antigua & Barbuda	02.11. 2022 ONNE	05.01.23 ONNE PORT	AB	20 NCV	/	/	(1) (2)
21	OOO COUGAR OFFICIAL NO. 5172 CALL SIGN V2GZ8 GRT : 2180 NRT : 1074 SHP : 5310 FLAG : Antigua & Barbuda	09.03. 2023 ONNE PORT	10.05. 2023 ONNE	AB	21			(1) (2)
22					22			(1) (2)
23					23			(1) (2)
24					24			(1) (2)

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

** FGN = Foreign Going
NCV = Near Coastal Voyages

06039313108

COVID-19 VACCINE IS SAFE AND EFFECTIVE

NATIONAL PRIMARY HEALTH CARE
DEVELOPMENT AGENCY



Client Copy
FEDERAL MINISTRY OF HEALTH
NATIONAL PRIMARY HEALTH CARE
DEVELOPMENT AGENCY



COVID-19 Vaccination Card

Part 1:

Basic Information

NG-EL373714274M

Card No.

Name: AFOAKU HENRY UCHE Age: 38 Sex: M

State: RIVERS LGA: PORT HARCOURT

Ward: 07 Settlement: RSPHCMB

Health Facility: MILITARY HOSPITAL

Name of Vaccinator: ALA SOKARI

Phone No. of LGA DSNO: 08068484019



Part 2:

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	• AstraZeneca/Oxford <input checked="" type="checkbox"/> • Johnson & Johnson <input type="checkbox"/> • Pfizer <input type="checkbox"/> <input type="checkbox"/>	30/01/22	20/12/21	01/2/22		
	210393					
Dose 2	• AstraZeneca/Oxford <input checked="" type="checkbox"/> • Pfizer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31/01/22	01/2/22			

1st Dose

Name of Health Officer: ALA SOKARI

Signature: ALA SOKARI

2nd Dose

Name of Health Officer: VICTORIA CHARLES

Signature: Charles



Certificate of Training
TOLMANN
DEEPWATER SURVIVAL TRAINING CENTRE

No. 7B Trans Amadi Industrial Layout, Port Harcourt, Nigeria.

In honor of your outstanding performance and dedication, we gladly present this to

AFOAKU HENRY UCHE

having been assessed against and met the learning outcomes for the training requirements on

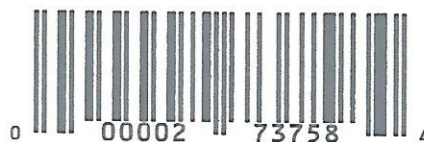
Basic Offshore Safety Induction Emergency Training (BOSIET)

With Emergency Breathing System (EBS)

OPITO APPROVED COURSE - CODE: 5700

Issuance Date: 9th June, 2021

Managing Director
A1 Assessor, V1 Verifier
SQA No.: 115006606



Cert. No: 3869570009062118073

Expiry Date: 8th June, 2025

DEEP WATER SURVIVAL TRAINING
CENTRE



DSTC
BOSIET



AFOAKU HENRY UCHE

EXP: 08-JUN-25

3869570009062118073

www.tolmann.com

This is to certify that the bearer whose name and passport photograph appear overleaf has undergone **BOSIET WITH EBS**

This card remains the property of TOLMANN.

If found, please return to 7B Trans Amadi Industrial Layout, Port Harcourt.

Tel: +234 802 335 0014

Signature:



FEDERAL REPUBLIC OF NIGERIA



Certificate of Competency Verification Merchant Shipping Act

(Training & Certification of Seafarers)
Regulation 2010



CERTIFICATE NUMBER:	NAB.NAV.0593
NAME:	AFOAKU HENRY U.
CAPACITY:	ABLE SEAFARER (DECK)
LIMITATION:	UNLIMITED
STCW REG:	II/5
DATE OF BIRTH:	10-Oct-1983
ISSUE DATE:	15-Sep-2017
LAST REVALIDATION:	15-Sep-2017
VALID UNTIL:	14-Sep-2022
DISCHARGE BOOK NUMBER:	NIG 028645

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



NAB.NAV.0593



CONARINA SCHOOL OF MARITIME AND TRANSPORT TECHNOLOGY

Eseme River Road, Oria-Abraka, Delta State, Nigeria
Website: www.conarinamaritimeacademy.com.ng
E-mail: conarina_maritime_academy@yahoo.com

Certify that



AFOAKU HENRY UCHE

COURSE TIMETABLE: CT/06/06/2022

CERTIFICATE NO.: CSMTT/22/017592

REGISTER CODE: CSMTT/ACNS/2022/0592/2022

PLACE AND DATE OF BIRTH: NIGERIA 10/10/1982

DISCHARGE NO.: NIG-028645

Has Satisfactorily Attended Course

ASSOCIATE CERTIFICATE IN NAUTICAL SCIENCE

This course fulfills minimum standard of competency of officer in charge of navigational watch in accordance with regulation II/1 chapter II, section II/1, paragraph 2, Table A-II/1 of the IMO international convention of standard of training, certification and watch keeping for seafarers, STCW 2010 as amended.

IMO model course 1/1/2

Signature of Holder

Signature of Institution representative

conarina



Date of Issue: 23rd Nov, 2022

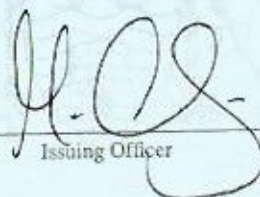
ANTIGUA AND BARBUDA W.I.



DEPARTMENT OF MARINE SERVICES
AND MERCHANT SHIPPING
ANTIGUA AND BARBUDA W.I.

This Seafarer's Identification and
Record Book is granted under the Authority
of the

ANTIGUA AND BARBUDA
MERCHANT SHIPPING ACT



Issuing Officer



28.12.2021

Date of Issue

27.12.2026

Date of Expiry

This book contains 33 numbered pages
exclusive of covers

This Seafarer's Identification and Record Book has been issued in accordance with the Laws and Regulations of the State Antigua and Barbuda.

Amendments to the print image or to handwritten entries must not be made by anyone other than an authorized officer of the Government.

This document is issued in conformity with the guidelines recommended by the International Maritime Organisation (IMO).

This document is not a passport. It is issued without prejudice and in no way affects the national status of the holder.

This document remains the property of the Government of Antigua and Barbuda and may be withdrawn at any time if there is evidence of misuse or cancellation/suspension of a national certificate, which relates to an endorsement issued and herein displayed in accordance with Regulation 1/10 and Section A-I/2 of the STCW Convention 1978, as amended.

It is not transferable to any other person.

If found, please return to:

ANTIGUA AND BARBUDA
DEPARTEMENT OF MARINE SERVICES
AND MERCHANT SHIPPING
Corner Popeshead & Dickenson Bay Streets
St. John's, Antigua, West Indies

or

ANTIGUA AND BARBUDA
DEPARTMENT OF MARINE SERVICES
AND MERCHANT SHIPPING
Am Patentbusch 4
D-26125 Oldenburg
Germany



ANTIGUA AND BARBUDA W.I.

Book No. 179247

Book issued to:

AFOAKU
Name

HENRY UCHE
First Name

B00188256
National Passport/SIC No.

10.10.1983
Date of Birth

MALE
Sex

NIGERIA
Country of Citizenship

27.12.2026
Date of Expiry

Signature

FO_C06_SFB



Name of Vessel Official No. Gross Tonnage Propulsion Power (kW)	Date and Place of	
	Embarkation	Discharge
DOC COUGAR OFFICIAL NO: 5172 CALL SIGN : V2GZ8 GRT : 2180 NRT : 1074 SHP : 5310 FLAG : Antigua & Barbuda	28.12.2022 ONNE	01.04.2022 ONNE
DOC COUGAR No. 5172 GT. 2180 2x 1880 kW	16.06. 2022 ONNE	24.08. 2022 ONNE

Grade/ Rank	Description of Trading Area	Signature of Master/ Company Stamp or Seal
AIB	OFFSHORE NIGERIA	DOC COUGAR OFFICIAL NO: 5172 CALL SIGN : V2GZ8 GRT : 2180 NRT : 1074 SHP : 5310 FLAG : Antigua & Barbuda P. KAMINSKI <i>[Signature]</i>
AIB	Near Coastal Voyages	DOC COUGAR OFFICIAL NO: 5172 CALL SIGN : V2GZ8 GRT : 2180 NRT : 1074 SHP : 5310 FLAG : Antigua & Barbuda P. KAMINSKI <i>[Signature]</i>

WORKPLACE
SAFETY NIGERIA LIMITED

AFOAKU HENRY UCHE

Has Successfully completed all the requirements
for the issuance of a

**PROFICIENCY IN FAST
RESCUE BOAT**

CERT. NO. WPSN/PFRB/2022/1106

DATE ISSUED: 1ST JUNE, 2022
EXPIRY DATE: 31ST MAY, 2027

TRAINER: FELIX N. NLERUM

DPR/OGISP/20/2511690/N223909





RC824043

WORKPLACE SAFETY NIGERIA LIMITED

KM 15 EAST-WEST ROAD, ODUOHA EMOHUA
EMOHUA L.G.A. RIVERS STATE
TEL: 08033364912



This is to certify that:

AFOAKU HENRY UCHE

*Has successfully completed all the requirements set forth
for the award of a certificate in the following:*

PROFICIENCY IN FAST RESCUE BOAT

This training was conducted to meet the standard of competence set out
in section A-VI/2-2 of the STCW 1978 as amended.

Hence, Workplace Safety Nigeria Limited
proudly issue this document in recognition of this accomplishment.

DATE COMPLETED: 1ST JUNE, 2022

CERTIFICATE NO.: WPSN/PFRB/2022/1106

INSTRUCTOR/ TRAINER: FELIX N. NLERUM

<http://www.workplacesafetynig.com>
e-mail: info@workplacesafetynig.com

Verify certificate at www.workplacesafetynig.com

DPR/OGISP/20/2511690/N223909

Expiry Date: 31ST MAY, 2027



RC824043

WORKPLACE SAFETY NIGERIA LIMITED

KM 15 EAST-WEST ROAD, ODUOHA EMOHUA
EMOHUA L.G.A. RIVERS STATE
TEL: 08033364912



This is to certify that:

AFOAKU HENRY UCHE

*Has successfully completed all the requirements set forth
for the award of a certificate in the following:*

PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOAT

This training was conducted to meet the standard of competence set out
in section A-VI/2, paragraph 1 to 4 of the STCW (2010) code

Hence, Workplace Safety Nigeria Limited
proudly issue this document in recognition of this accomplishment.

DATE COMPLETED: 28TH OCTOBER, 2022
CERTIFICATE NO.: WPSN/PSCRB/2022/1103

INSTRUCTOR/TRAINER: FELIX N. NLERUM

<http://www.workplacesafetynig.com>
e-mail: info@workplacesafetynig.com

Validly certified at www.workplacesafetynig.com
DPR/OGISP/20/2511690/N223909

Expiry Date: 27TH OCTOBER, 2027

The West African Examinations Council

West African Senior School Certificate

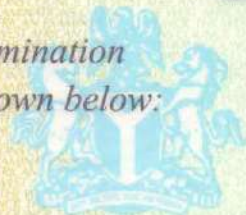
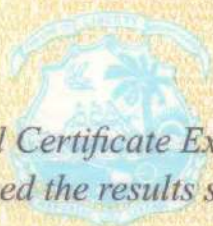
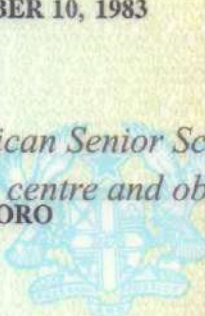
DECEMBER 2005

This is to Certify that: **AFOAKU HENRY UCHE**

born on: **OCTOBER 10, 1983**

sex: **MALE**

sat the *West African Senior School Certificate Examination*
at the following centre and obtained the results shown below:
RUMUOKORO



SUBJECT

GRADE

COMMERCE
ECONOMICS
GOVERNMENT
ENGLISH LANGUAGE
MATHEMATICS
SUBJECTS RECORDED

C5
B2
B2
B3
A1
FIVE

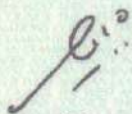
CD 83

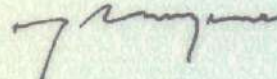
CANDIDATE No.
5332211018

CERTIFICATE No.

NGWASSCP 4336636




Chairman of Council


Registrar to the Council

RIVERS STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY



Afoaku, Henry Uche

having fulfilled all the requirements and passed all the
prescribed Examinations has this day been admitted by

Senate to the Degree of
Bachelor of Science (B.Sc.) in Management

with **Second Class (Lower) Division**

with all Rights, Privileges and Obligations.

Given at Port Harcourt, Nigeria

on the **16th November, 2012**




Vice Chancellor


Registrar



NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY (NIMASA)



CERT NO. **NAB.NAV.0593**

CERTIFICATE OF PROFICIENCY

This is to certify that **AFOAKU HENRY U.** 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; **10/10/1983**


Date of issue; **15/09/2017**

Signature of holder of Certificate:

Signature of Authorized official:
CAPT. SUNDAY M. UMORU

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that (name) AFOLAYU HENRY UOTE
 Nationality NIGERIAN
 whose signature follows.....
 against: (name of disease or condition) YELLOW FEVER

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician
VACCINE	4TH SEPT 2019	 PORT HEALTH OFFICE FNOM, NIGERIA CODE: 3102

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.





Date of birth 10.10.83, 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
Issue of Citumakov lot-600	2019 life	

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.

OTHER VACCINATIONS - AUTRES VACCINATIONS

Date	Nature of vaccine Genre de vaccin	Dose	Physician's Signature Signature de médecin	Official Signature Function Official	Stamp Carbet
4TH SEPT 2019	MENVEO ADJ 135 CSM	0.5 ml		PORT HEALTH OFFICE FMOH, NIGERIA CODE 22/02	
4TH SEPT 2019	OPV	2 drops		PORT HEALTH OFFICE FMOH NIGERIA CODE 22/03	

VERIFICATION OF TRAINING

HENRY AFOAKU

ID: 44283

has successfully completed the e-learning module

No. 0002 Ship General Safety


Date of birth: 10/10/1983
Position: Abled Bodied

Installation name: Martha's Pride
Date of completion: 10/10/2018
E-learning version: 5.0

Lesson/Chapter	% Completed	% Score
The ISM Code	100	0
Safety of the Vessel Structure	100	0
Vessel Machinery Systems	100	0
Vessel Safety Equipment	100	0
Safe Navigation and Communication	100	0
Pollution Prevention	100	0
Assessment	100	95
Total	100	95

Martha's Pride
Printed at installation

25/11/2018
Date of printout


Signature: Master/Training Manager - Stamp



CPT. YEVGEN SAYKOV
YOUR NAME IN CAPITAL LETTERS

Report ID: XXsbXGdhVQ4rWSbRw17WvA=='88

VERIFICATION OF TRAINING

HENRY AFOAKU

ID: 44283

has successfully completed the e-learning module

No. 0005 ISM Code

Date of birth: 10/10/1983

Position: Abled Bodied

Installation name: Martha's Pride

Date of completion: 19/10/2018

E-learning version: 7.0

Lesson/Chapter	% Completed	% Score
Why the I.S.M. Code is needed	100	0
Reports, audits and reviews	100	0
Plans, procedures and work permits	100	0
Assessment	100	85
Total	100	85

Martha's Pride
Printed at installation

25/11/2018
Date of printout

Signature: Master/Training Manager - Stamp

CPT. YEYGEN SAYKOV
YOUR NAME IN CAPITAL LETTERS

VERIFICATION OF TRAINING

HENRY AFOAKU

ID: 44283

has successfully completed the e-learning module

No. 0095 Marlins study pack I - progress test

Date of birth: 10/10/1983
Position: Abled Bodied

Installation name: Martha's Pride
Date of completion: 30/10/2018
E-learning version: 3.0

Lesson/Chapter	% Completed	% Score
Part one	100	75
Part two	100	84
Part three	100	82
Total	100	80

Martha's Pride
Printed at installation

25/11/2018
Date of printout




Signature: Master/Training Manager - Stamp

CPT. YEVGEN SAYKOV
YOUR NAME IN CAPITAL LETTERS

VERIFICATION OF TRAINING

HENRY AFOAKU

ID: 44283

has successfully completed the e-learning module

No. 0122 ISO 14001 Environmental Management

Date of birth: 10/10/1983
Position: Abled Bodied

Installation name: Martha's Pride
Date of completion: 02/11/2018
E-learning version: 6.0

Lesson/Chapter	% Completed	% Score
Introduction	100	0
The Earth and the environment	100	0
Environmental threats	100	0
Protection of the environment	100	0
Assessment	100	100
Total	100	100

Martha's Pride
Printed at installation

25/11/2018
Date of printout

Signature: Master/Training Manager - Stamp



CPT. YGNGEN SAYKON
YOUR NAME IN CAPITAL LETTERS

VERIFICATION OF TRAINING

HENRY AFOAKU

ID: 44283

has successfully completed the e-learning module

No. 0123 Risk Assessment and Management

Date of birth: 10/10/1983
Position: Abled Bodied

Installation name: Martha's Pride
Date of completion: 19/11/2018
E-learning version: 4.0

Lesson/Chapter	% Completed	% Score
Risk Assessment	100	0
Risk Management	100	0
Reduce the Risk	100	0
Example of Informal Risk Management	100	0
Example of Risk Management	100	0
Accident scenarios	100	0
Assessment	100	100
Total	100	100

Martha's Pride
Printed at installation

25/11/2018
Date of printout

Signature: Master/Training Manager - Stamp



PT. YEVGEN SAKOV
YOUR NAME IN CAPITAL LETTERS

VERIFICATION OF TRAINING

HENRY AFOAKU

ID: 44283

has successfully completed the e-learning module

No. 0001 Personal Safety

Date of birth: 10/10/1983
Position: Abled Bodied

Installation name: Martha's Pride
Date of completion: 01/10/2018
E-learning version: 9.0

Lesson/Chapter	% Completed	% Score
Safety culture and accident reporting	100	0
Rules, regulations and responsibility	100	0
Assessment	100	80
Total	100	80

Martha's Pride
Printed at installation

25/11/2018
Date of printout

Signature: Master/Training Manager - Stamp

CPT. YEVGEN SAKOV
YOUR NAME IN CAPITAL LETTERS



VERIFICATION OF TRAINING

HENRY AFOAKU

ID: 44283

has successfully completed the e-learning module

No. 0147 Maritime English, Introduction

Date of birth: 10/10/1983
Position: Abled Bodied

Installation name: Martha's Pride
Date of completion: 18/11/2018
E-learning version: 1.0

Lesson/Chapter	% Completed	% Score
Introduction to Maritime English	100	0
Basic Marine Vocabulary 1	100	0
Important Basic Questions 1	100	0
Key Equipment Names 1	100	0
Key Equipment Names 2	100	0
Basic Marine Vocabulary 2	100	0
Important Basic Questions 2	100	0
Important Basic Questions 3	100	0
Key Equipment Names 3	100	0
Assessment	100	100
Total	100	100

Martha's Pride
Printed at installation

25/11/2018
Date of printout

Signature: Master/Training Manager - Stamp



CPT. YERGEN SAYKOV
YOUR NAME IN CAPITAL LETTERS