

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				
Basic Safety training	MARITECH	WARRI	MRT/MAN/2539/2021	07/05/2021	08/05/2026
Medical Care	NIMASA	LAGOS	226067	05/06/2024	04/06/2026
Survival Craft & Rescue Boats VI/2	MARITECH	WARRI	MRT/PSCRB/3165/2024	10/05/2024	09/05/2029
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
Efficient Deck Hand	MARITECH	WARRI	MRT/EDH/2060/2024		
Yellow fever Vaccination	HEALTH OFFICIAL	WARRI	A214897	07/10/2019	FOR LIFE
MEDICAL EXAMINATION	FIT				
DRUG AND ALCOHOL	NO				
Second (relative) specialty	YES				
English knowledge:	YES				
Experience with mixed Nationality crew	YES				
	-				

EDUCATIONAL BACKGROUND

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

ADDITIONAL INFORMATION

Marital status	MARRIED
Wife (Name, First name, Date and place of birth)	YES KPAKAMA ERE AMAKAZI. KALAFIOGBENE
Children under the age of 18 (names, date of birth)	PHILIP GODGIFT 22/06/2012

Children under the age of 18 (names, date of birth)	PHILIP VICTORY			
	02/03/2018			
	PHILIP BRIGHT			
	18/03/2014 , BEHIND FORMER BEKES HOTEL BOMADI OVER SIDE BOMADI. 081412819544			
Next of kin (Name, date of birth, address, phone ,relation)	SON			
Physical details:	Height:1.70m	Weight:65.3kg	Overall:XL	Shoes:43

PREVIOUS SEA EXPERIENCE (FOR LAST 10 YEARS):

RANK	NAME OF THE VESSEL	TYPE VESSEL	YEAR OF BUILD	DWT	TYPE OF THE MAIN ENGINE	FROM (date)	TO (date)	Owner COMPANY
				GRT				
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

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

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*

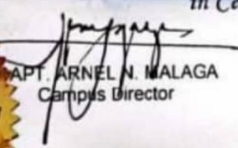
Philip Kwale

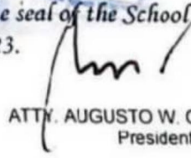
who has fulfilled all the requirements therefor, the degree of

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 20th day of September, 2023.*


APT. 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: <u>KWALE</u>	Given Names: <u>PHILIP</u>
Discharge Book No: SSID NO: Date of Birth: <u>11/2/04</u> <u>11/9/82</u>	Passport No: <u>A10894038</u> Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/> Nationality: <u>NIGERIAN</u>

Department: (Tick relevant box) Deck <input checked="" type="checkbox"/> Engine <input type="checkbox"/> Catering <input type="checkbox"/> Other (specify) _____	Rank _____
--	------------

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):		Please specify restriction.	

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

Restrictions Duties: Location/Vessel: Medical/Others:	<u>NO RESTRICTION</u>
--	-----------------------

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 Fit <input checked="" type="checkbox"/> Unfit <input type="checkbox"/>	Deck Fit <input checked="" type="checkbox"/> Unfit <input type="checkbox"/>	Engine Fit <input type="checkbox"/> Unfit <input type="checkbox"/>	Steward/Others Fit <input type="checkbox"/> Unfit <input type="checkbox"/>
---	--	---	---

Date of Examination <u>05/06/2024</u>	Expiry Date of Certificate <u>04/06/2026</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. Oluwuremi A. Oluwaseye

ABBEY MEDICAL CENTRE
74 IDENIA 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 OGBERE
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

021 00126

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

Discharge Book No:

N061322

(Surname first)

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

	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

Visual Acuity

RT

LT

Without glasses

6/6

6/6

With glasses

6/-

6/-

Colour Vision

Normal Abnormal

☒☐

(Enter Results)

(1.) Blood Group & Genotype

O+ve AA

(2.) Full blood count

5400 /cm³

(3.) VDRL

Negative Positive

☒☐

(4.) HIV

Negative Positive

☒☐

(5.) Hepatitis B Antigen

Negative Positive

☒☐

(6.) Widal (for Catering Dept)

read

(7.) Urinalysis

read

OTHER EXAMINATIONS

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

(8.) Chest X-Ray with Report

Normal Abnormal

☒☐

(9.) Electrocardiogram

Normal Abnormal

☒☐

Physician's Name

Dr. Oluwumi A. Oluwumi

Physician's Signature & Stamp

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

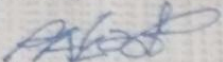


Photograph of holder of Certificate

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



Mr. Emmanuel O. Ose

Signature of Instructor



Issue Date
08/05/2024

[Signature]

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/PSCRB/3165/2024
Certificate Number

This is to certify that

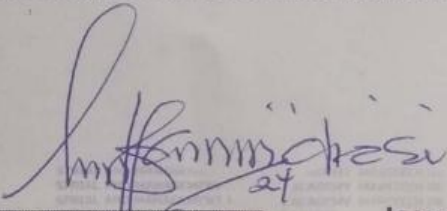
KWALE PHILIP

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

MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

16 Aladja Avenue, Off Enerhen Road, Effurun, Delta State Nigeria. Tel: +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



SEA TRANSPORT

SEA SERVICE TESTIMONIAL

**Sea Transport Services
Nigeria Limited**

31B, Marine Road, Apapa, Lagos, Nigeria.

Tel: +234 1 4545364, 4545378, 4545391

E-mail: info@seatransportgroup.com

PART 1- WATCHKEEPING SERVICE

This is to certify that:

Name: KWALE PHILIP

RANK: DECK CADET

DOB: 12/04/1992

CDC NO: NIG 061322

Has served on:

Name of vessel: MT ST. ILIHAAM

Official number: 378004

Type of vessel: OIL TANKER

Gross tonnage : 25487

Call sign: 50AQ2

Area of Operation: UNLIMITED

FROM: 19/05/2021

TO: 31/05/2022

During this period the above named crew served in the capacity of CADET under the supervision of a superior on board for not less than 08 hours out of 24 hours while the vessel was engaged on unlimited voyage.

In addition, the above named CADET:

- a) Regularly carried out other duties in connection with the routine & maintenance of the ship.
- b) Was granted no leave of absence

PART 2- TESTIMONIAL

My report on the service of the above named CADET, during the period stated, is as follows:

Conduct: VERY GOOD

Experience/Ability: VERY GOOD

Behavior / Sobriety: STRICKLY SOBER

PART 3- OFFICIAL ENDORSEMENT

NAME OF SIGNATORY: LABIRU ISYAKU

E-mail: manning@seatransportgroup.com

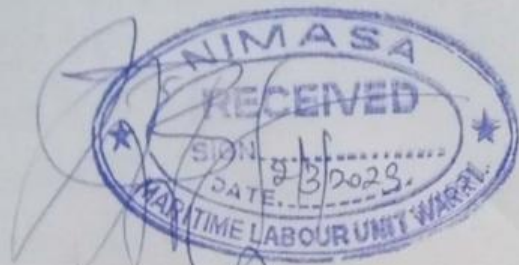
Phone: +234 8104707370, +234 8054121025

DISIGNATION:

MANNING DEPARTMENT

SIGNATURE & OFFICE STAMPS





Behind Former Bekes,
Hotel Bomadi Overside,
Bomadi,
Delta State.
2nd 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 th April, 1992 |
| 3. Rank: | ABLE SEAMAN |
| 4. C.O.C Number: | _____ |
| 5. Regulation: | _____ |

Yours faithfully,

KWALE PHILIP
09027569331
kwalephilip@gmail.com

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 IRIOSEA/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 : 1871 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, CYPRIL

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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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
YELLOW FEVER	OCT 2019	PORT HEALTH OFFICER FMOH, NIGERIA CODE: 11021

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.

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
CHIMIAVAX EXP 529 0.5ml	17 OCT 2019	Official stamp of administering centre

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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OTHER VACCINATIONS - AUTRES VACCINATIONS

Date	Nature of vaccine Genre de vaccin	Dose	Physician's Signature Signature de medecin	Official Signature Function Official	Stamp
7th OCT 2019	O.P.V 180 8 p 40 INDIAN SERUM	2 DROPS		PORT HEALTH OFFICER FMOH, NIGERIA CODE: 11/02	Approved Carbet FED. REP. NIG.
27th JULY 2021	OPV 180 P158	2 DROPS		PORT HEALTH OFFICER FMOH NIGERIA CODE: 25/01	Approved Carbet FED. REP. NIG.

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