

# EZEKIEL ABIODUN

## CURRICULUM VITAE.

### PERSONAL PARTICULARS:

POSITION:	MASTER
NAME	EZEKIEL ABIODUN
DATE OF AVAILABILITY	ASAP
NATIONALITY	NIGERIAN
DATE / PLACE OF BIRTH	02/01/1980 / IYARA
HEIGHT / WEIGHT	1.74M/ 94KG
BLOOD GROUP	O+
MARITAL STATUS	MARRIED

### CONTACT DETAILS:

HOME ADDRESS	14 CHURCH STREET KUDENDA KADUNA STATE.		
CONTACT NUMBER	+2348060007119, +2348080212288, +2348052963666.	Email address:	<a href="mailto:abiodunezekiel69@yahoo.com">abiodunezekiel69@yahoo.com</a> <a href="mailto:abiodunezekiel555@gmail.com">abiodunezekiel555@gmail.com</a>
NEXT OF KIN / NAME AND CONTACT NUMBER	NKOYO EZEKIEL REBEKAH		+23480382164999

### TRAVEL DOCUMENTS:

Type of documents	Issuing country	Number	Issue date	Expire date
INTERNATIONAL PASSPORT	NIGERIA	B00422422	03/06/2021	02/06/2026
SEAMAN BOOK	NIGERIA	020022	05/08/2008	

### MEDICAL:

Type	Issuing authority / clinic	Issue date	Expire date
MEDICAL REPORT NATIONAL	NIMASA / IMPERIAL MEDICAL CENTER	27/01/2025	26/01/2027
VACCINATION YELLOW FEVER	NIGERIA PORT HEALTH	29/11/2021	For life
COVID-19 VACCINE	ASTRAZENECA/OXFORD	30/03/2021	

### ACADEMIC QUILIFICATION:

Name of institution / school	Date attended	Type of certificate
OZEB PRIMARY SCHOOL IYARA	1984-1990	First leaving certificate
IYARA MUSLUM COLLEGE	1993-1997	WAEC
NIGERIA INSTITUTE OF SHIPPING	2008-2010	HND
REGIONAL MARITIME UNIVERSITY	2013	STCW
MARITIME ACADEMY OF NIGERIA	2018	COC
MARITECH INDUSTRIAL & MANAGEMENT TRAINING ACADEMY	2022	STCW

JOEMARINE INSTITUTE OF NAUTICAL STUDIES & RESEARCH	2023	GMDSS
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### MARITIME LICENSE HELD:

Grade	Issuing country / authority	Certificate number	Issue date	Expire date
MASTER	NIGERIA / NIMASA	006188	30/04/2019	29/04/2029

### PROFESSIONAL STCW TRAINING:

Mandatory stcw course	Issuing authority	Certificate number	Issue date	Expire date
BASIC SAFETY TRAINING	MARITECH	MRT/MA/5752/2022	30/12/2022	29/12/2027
SHIP SECURITY OFFICER	MARITECH	MRT/SSO/1785/2022	23/12/2022	
ADVANCED FIRE FIGHTING	MARITECH	MRT/AFF/2317/2022	16/12/2022	15/12/2027
MEDICAL CARE	MARITECH	MRT/MC/189/2022	19/12/2022	
BRIDGE RESOURCE MANAGEMENT	MARITECH	MRT/BRM/1386/2022	21/12/2022	
PROFICIENCY IN SURVIVAL CRAFT & RESCUE BOAT OTHER THAN FAST RESCUE BOAT.	MARITECH	MRT/PSCRB/1290/2022	30/12/2022	29/12/2027
HUMAN ELEMENT LEADERSHIP AND MANAGEMENT	MARITECH	MRT/HELM/1874/2022	28/12/2022	
OIL & CHEMICAL TANKER CARGO OPERATION.	MARITECH	MRT/OTF/3067/2024	31/07/2024	30/07/2029
INTERNATIONAL SAFETY MANAGEMENT [ISM]	COASTAL MARITIME ACADEMY	22213	22/02/2022	
RADAR ARPA OPERATION	RMU	RAO/00072/13	13/03/2013	
GMDSS OPERATION	JOEMARINE	JINSR/GMDSS/15/387/2023	31/03/2023	30/03/2028
GMDSS GOC	NIMASA	003123	30/06/2023	29/06/2028

### POSITION MASTER:

### DESCRIPTION OF PAST RELEVANT EXPERIENCES:

I have good experience in platform support, supply boat, tanker, towing operation and security boat.
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### REFERENCES:

NAME	COMPANY	CONTACT NUMBER
MR SK AJAYI	ROSSEM GROUP OF SCHOOL	+2347063654900
PST NOSA STEPHEN	RCCG LAGOS	+2348055827981



# MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

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



MRT/MAN/5752/2022  
Certificate Number

## STCW Basic Safety Training

This is to certify that

**EZEKIEL ABIODUN**

Date of Birth: 02/01/1980

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

30/12/2022

Signature of Holder



INTERNATIONAL  
MARITIME  
ORGANIZATION

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



# MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

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



MRT/MC/189/2022  
Certificate Number

This is to certify that

**EZEKIEL ABIODUN**

Has successfully completed an approved training in:

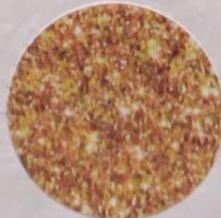
**MEDICAL CARE**

Has successfully completed a training in MEDICAL CARE. and has met the standard of competence as specified in Section A-VI/4, paragraph 4-6, Table A-VI/4-2 of the Revised STCW Convention (2010).

Signature of Instructor

Issue Date  
19/12/2022

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/AFF/2317/2022  
Certificate Number

## Certificate of Proficiency in Advanced Fire Fighting

This is to certify that

**EZEKIEL ABIODUN**

Date of Birth: 02/01/1980

Has successfully completed an approved training in:

## ADVANCED FIRE FIGHTING

Regulation VI/3 and Section A-VI/3, Paragraphs 1 to 4

of 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

16/12/2022

  
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/SSO/1785/2022  
Certificate Number

## Certificate of Proficiency as Ship Security Officer

This is to certify that

**EZEKIEL ABIODUN**

Date of Birth: 02/01/1980

Has successfully completed an approved training in:

**Security Officer**

Section A-VI/5

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  
23/12/2022



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/BRM/1386/2022  
Certificate Number

This is to certify that

**EZEKIEL ABIODUN**

Has successfully completed an approved training in:

**BRIDGE RESOURCE MANAGEMENT**

The course is conducted in accordance with guidelines given in the IMO Model Course 1.22 and fulfills the training requirements for competencies stated in  
**Section A-II/1 & A-II/2, Table A-II/1 & Table A-II/2 of the Revised STCW Convention (2010)**

Signature of Instructor

Issue Date  
21/12/2022

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/1290/2022  
Certificate Number

This is to certify that

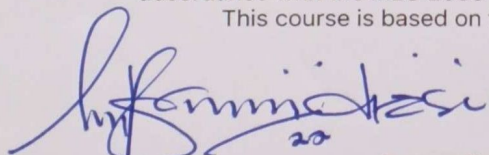
**EZEKIEL ABIODUN**

Has successfully completed an approved training in:

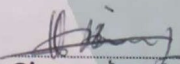
## PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOATS (OTHER THAN FAST RESCUE BOAT)

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. Also in accordance with the MLC 2006 Convention (Maritime Labour Convention 2006)

This course is based on the guidelines of IMO Model Course 1.23

  
Signature of Instructor

Issue Date  
30/12/2022

  
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/HELM/1874/2022  
Certificate Number

This is to certify that

**EZEKIEL ABIODUN**

Has successfully completed an approved training in:

**HUMAN ELEMENT, LEADERSHIP AND MANAGEMENT**

In accordance with the IMO Model Course I:39, Column 2 of Tables A-II/1, A-III/1, A-II/2, A-III/2 and A-III/6 of the revised STCW 2010

Signature of Instructor

Issue Date  
28/12/2022

  
Signature of Holder

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

# MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

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



MRT/OTF/3067/2024  
Certificate Number

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

This is to certify that

**EZEKIEL ABIODUN**

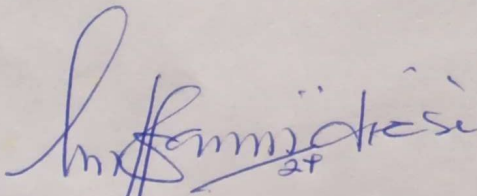
Date of Birth: 02/01/1980

Has successfully completed an approved training in:

### Basic Training for Oil and Chemical Tanker Cargo Operation

In accordance with table A-V/1-1-1 of the STCW convention as amended in 2010.

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

  
Signature of Instructor

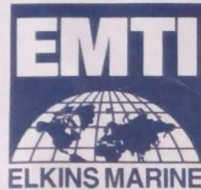
Issue Date  
31/07/2024

  
  
Signature of Holder



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





# *STCW ECDIS Certificate of Training*

*Elkins Marine Training International, USA certifies that on March 3, 2025*

**EZEKIEL ABIODUN**

successfully completed the Elkins Marine Training International,  
International Maritime Organization, United States Coast Guard, and Nigeria approved  
**Electronic Chart Display Information System (ECDIS) (ELKINS-179)** course  
and passed all examinations and competencies at Elkins Marine Training International (Nigeria), Ltd.

This holder of this certificate # **25-0303-1261** has satisfied the regulatory requirements of:

The ECDIS training requirements within United States 46 Code of Federal Regulation 46 CFR 11.305; 46 CFR 11.307; 46 CFR 11.309; 46 CFR 11.311; 46 CFR 11.313; 46 CFR 11.315; 46 CFR 11.317; 46 CFR 11.319; and 46 CFR 11.321; and the specific tasks from the National Assessment Guidelines found in NVIC 10-14 and 11-14 (Task 6.1.A-6.7.A), NVIC 12-14 (Tasks 2.7.C, 4.1.A, and 4.2.A) and NVIC 13-14 (Task 1.7.A); and Tables A-II/1, A-II/2, and A-II/3 of the Seafarers' Training, Certification and Watchkeeping (STCW) Code as defined in the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, as amended in 2010 by the International Maritime Organization.

*NWANERI*

*JeJe N. Nwaneri  
Managing Director & Examiner*

*J. David Byrd*

*J. David Byrd  
President & Chief Executive Officer*



# JOEMARINE INSTITUTE OF NAUTICAL STUDIES & RESEARCH



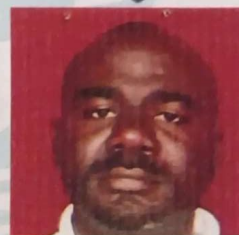
39th Street, Plot 10, DDPA Estate, Warri - Delta State, Nigeria

08053095168, 08060716430,

E-mail: info@joemarineng.com, epideimarine@yahoo.com, www.joemarineng.com/institute

## CERTIFICATE OF TRAINING

*This is to certify that:*



**EZEKIEL ABIODUN**

Has successfully completed a Training Course in

## CERTIFICATE OF PROFICIENCY IN GMDSS RADIO OPERATORS

and has met the standard of competence as specified  
in section A-TW /2, of the revised STCW Convention (2010)

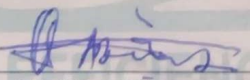
From: 27/03/2023

To: 31/03/2023


Cert. No. JINSR/GMDSS/15/387/2023

Nationality: NIGERIAN

Date of Birth: 02/01/1980

  
Holder Signature

Date of Issue: 31/03/2023

  
Signature: Instructor



Nigerian Maritime Administration &  
Safety Agency (NIMASA) Approved

NIS ISO 9001-2015  
Certified Company

BS ISO 29993-2017  
Certified Institute



# NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY (NIMASA)

CERT. NO 003123



## GMDSS - GENERAL OPERATOR'S CERTIFICATE

Awarded to

**EZEKIEL ABIODUN**

Upon satisfactory completion of approved course conducted

From **27-03-2023**

To **31-03-2023** EXPIRES: **29-06-2028**

**02-01-1980/IYARA**

Date and Place of Birth

**020022**

Discharge Book Number

Signature of Holder

**30-06-2023**

Date of issue

**OLANIYAN O. TAIWO**

Signature of Duly Authorised Official

This certificate is issued as evidence of attendance at a course of training in GMDSS - General Operator's Certificate covering the requirements set out in regulation IV/2 of the International Convention on Standards of Training, Certification and Watch-keeping for Seafarers (STCW), 1978 as amended.

M48/IC15



ISM-02112



CERTIFICATE NO. **22213**

# COASTAL MARITIME ACADEMY

15B AWOLOWO ROAD, SOUTH WEST IKOYI,  
LAGOS, NIGERIA.

E-mail: [cmalagos@yahoo.com](mailto:cmalagos@yahoo.com)

## Certificate

OF INTERNATIONAL SAFETY MANAGEMENT  
(ISM CODE)

This is to Certify that

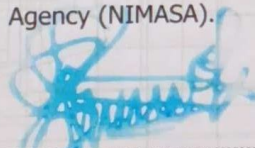
**EZEKIEL**

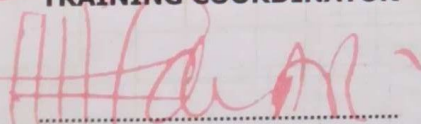
**ABIODUN**

Date of Birth: **2ND JAN, 1980**

Has successfully completed an approved training required to comply with the provisions of chapter **IX** of the International Convention for the **Safety of Life at Sea (SOLAS)** and Resolution **MSC.353 (92) amendments (2013)**

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

  
**TRAINING COORDINATOR**

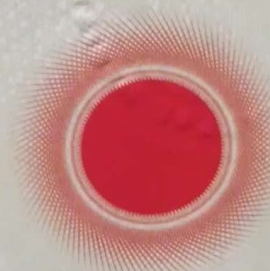
  
**EXECUTIVE CHAIRMAN**



**21ST - 22ND FEB, 2022**

From..... To.....

**SEAL AND DATE**



ANY ALTERATION INVALIDATES THIS CERTIFICATE



# REGIONAL MARITIME UNIVERSITY

*A branch of the  
World Maritime University,  
Malmo, Sweden*

ACCRA • GHANA



*Member States:  
Cameroon, The Gambia,  
Ghana, Liberia, Sierra Leone*



## CERTIFICATE OF TRAINING

This is to certify that

**EZEKIEL ABIODUN**

Has successfully completed a Training Course in

***RADAR/ARPA Operation***

in accordance with SECTION

**A-II/1**

of the Revised STCW Convention (1995)



Registrar

**006466**

No. ....

Deputy Rector

**13-March-2013**

Date of Issue

**RAO/00072/13**

ISO 9001:2008 Certified





**NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY  
MARITIME LABOUR SERVICES**

**IN RESPECT TO YOUR REGISTRATION AS A SUBSTANTIVE SEAFARER**

**Dear, EZEKIEL ABIODUN**

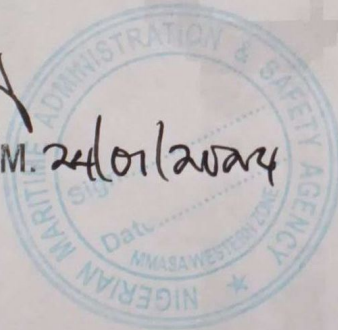
The agency writes to confirm that your registration as a seafarer has been successfully processed.

You have been assigned with Registration Number **N/DO/2630** as a **MASTER**.

Consequently, your information has been uploaded into the Agency's database of registered Seafarers.

Regards.

**IBRAHIM UMAR IMAM.** 24/01/2024  
**ADMLS**





## NOTES

1. The original of this certificate must be kept available in accordance with Regulation 1/4 of the STCW Convention while serving on a ship.
2. Attention is drawn to provisions of the law whereby fraudulent use, forgery or alteration of this document could constitute a criminal offence.
3. Any person finding this document should send it to:  
Director  
Maritime Safety & Seafarers Standards  
NIMASA  
4 Burma Road, Apapa, Lagos, Nigeria.  
Postage will be paid by the addressee.
4. The validity of this certificate can be checked during office hours by contacting the Director, Maritime Safety & Seafarers Standards, NIMASA, 4 Burma Road Apapa, Lagos, Nigeria.

Tel: 01-2713627  
01-2121190

Email: msssd@nimasa.gov.ng

006188

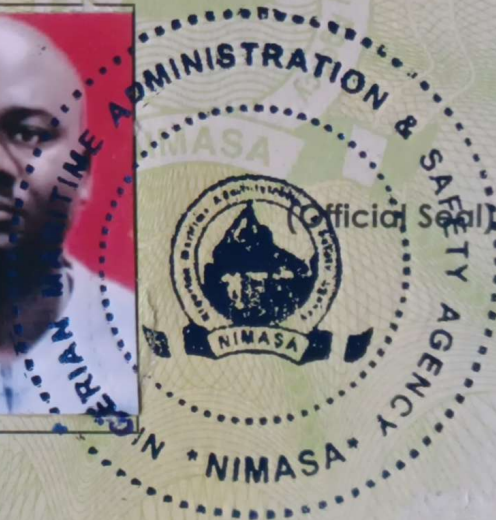
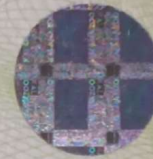
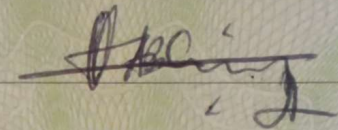
## PARTICULARS OF HOLDER OF THE CERTIFICATE

NAME: **EZEKIEL ABIODUN**

PLACE OF BIRTH: **KOGI**

DATE OF BIRTH: **02-JAN-1980**

SIGNATURE OF HOLDER  
OF THE CERTIFICATE:



006188





MERCHANT SHIPPING ACT

MERCHANT SHIPPING  
(TRAINING AND CERTIFICATION OF SEAFARERS)  
REGULATION 2008

CERTIFICATE OF COMPETENCY

No. **006188**

This certificate, as enclosed herein, has been issued to:

**EZEKIEL ABIODUN**

who is entitled under the Merchant Shipping Act to serve in the capacity of:

**MASTER**

in a Merchant Motorship requiring a certificate of competency of that class  
in accordance with the above Regulation.

This certificate is subject to appropriate validity or endorsement contain  
herein as to its limitations, extensions, or additional qualifications.

  
SIGNATURE OF DULY AUTHORISED OFFICIAL

**DR. DAKUKU ADOL PETERSIDE**

NAME OF DULY AUTHORISED OFFICIAL

**006188**

2

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

**006188**

CERTIFICATE No. \_\_\_\_\_

The Government of Federal Republic of Nigeria certifies that:

**EZEKIEL ABIODUN**

has been found duly qualified in accordance with the provisions of

Regulation **II/2** of the above Convention,

as amended, and has been found competent to perform the functions,

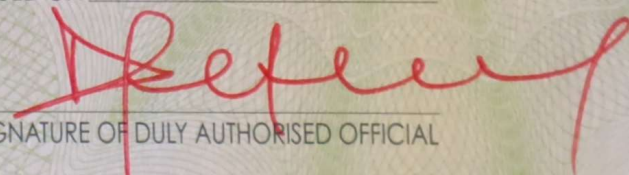
at the level specified overleaf, subject to any limitations indicated until

**29-APR-2024**

or until the date of expiry of any

extension of the validity of the certificate as may be shown on page 6.

**30-APR-2019**  
ISSUED ON \_\_\_\_\_

  
SIGNATURE OF DULY AUTHORISED OFFICIAL

**DR. DAKUKU ADOL PETERSIDE**

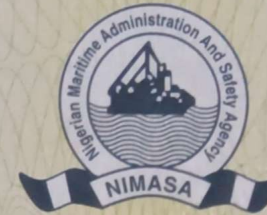
NAME OF DULY AUTHORISED OFFICIAL

**006188**

3



# ENDORSEMENT



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

The Government of \_\_\_\_\_ certifies that this

Certificate No. \_\_\_\_\_ issued to

by or on behalf of the Government of \_\_\_\_\_ is duly  
recognised in accordance with the provisions of regulation 1/10 of the above  
Convention, as amended, and the lawful holder is authorised to perform the  
following functions at the levels specified on page 4, subject to any  
limitations indicated, until \_\_\_\_\_ or until the date of expiry  
of any extension of the validity of this endorsement as may be shown on  
page 6.

ISSUED ON \_\_\_\_\_

SIGNATURE OF DULY AUTHORISED OFFICIAL

NAME OF DULY AUTHORISED OFFICIAL

FUNCTIONS *	LEVEL *	LIMITATIONS APPLYING * (IF ANY) <small>Not valid for service on tankers at management level unless endorsed on page 8</small>
1	M	< 3000GT NCV
2		
3		
7		

\* See page 9

The lawful holder of this certificate may serve in the following capacity  
or the capacities specified in the safe manning regulations.

CAPACITY	LIMITATIONS APPLYING ( IF ANY)
MASTER	< 3000GT NCV

006188

006188



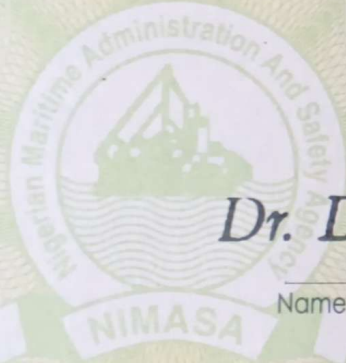
# REVALIDATION

The Validity of this endorsement is hereby extended until **29 MAR 2029**

(Official Seal)



*AGM*  
Signature of Duly Authorised Official



**Dr. Dayo Mobereola**

Name of Duly Authorised Official

Date of revalidation **30 MAR 2024**

006188

6

# REVALIDATION

The Validity of this endorsement is hereby extended until \_\_\_\_\_

(Official Seal)



Signature of Duly Authorised Official

Name of Duly Authorised Official

Date of revalidation \_\_\_\_\_

006138

7



# FEDERAL REPUBLIC OF NIGERIA



## Certificate of Competency Verification Merchant Shipping Act (Training & Certification of Seafarers) Regulation 2010



**CERTIFIED**

CERTIFICATE NUMBER: 006188

FULLNAME: EZEKIEL ABIODUN

CAPACITY: MASTER

LIMITATION: <3000 GT NCV

STCW REG: II/2

DATE OF BIRTH: 02-January-1980

ISSUE DATE: 30-April-2019

LAST REVALIDATION: 30-March-2024

VALID UNTIL: 29-March-2029

DISCHARGE BOOK NUMBER: NIG 020022

Certificate Issued Under The Provision of The International Convention On Standard of Training  
Certification And Watchkeeping For Seafarers



006188





PASSEPORT  
PASSAPORTE

P<NGAEZEKIEL<<ABIODUN<<<<<<<<<<<<<<<<<<<<  
B004224229NGA8001025M260602684638941683<<<00



# INTERNATIONAL CERTIFICATE OF

This is to certify that (name) EZEKIEL ABIODUN  
 Nationality NIGERIA  
 whose signature follows [Signature]  
 against: (name of disease or condition) YELLOW FEVER


Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician
YELLOW FEVER	29 NOV 2021	PORT HEALTH OFFICE FMCH NIGERIA CODE: 25/01

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 02 JAN 1980 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
SANOFI PASTEUR LOT 238 0.5ML	FOR LIFE	

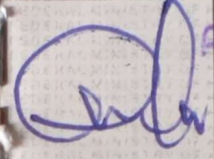

Any amendment of this certificate, or erasure or failure to complete any part of it, may render it invalid.

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

5572629



# OTHER VACCINATIONS - AUTRES VACCINATIONS

Date	Nature of vaccine Genre de vaccin	Dose	Physician's Signature Signature de medecin	Official Signature Function Official	Stamp Carbet
29 NOV 2021	OPV 180 P158	2 DROPS		PORT HEALTH OFFICER FMOH NIGERIA CODE: 25/01	



# 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-IF368068940  
Card No.: .....

Name: EZEKIEL ABIODUN Age: 41yrs Sex: M

State: Lagos LGA: Ojo

Ward: ETEGBIN Settlement: Bolaji Bibire

Health Facility: IMUDE PHC

Name of Vaccinator: SANUSI KAFATAY

Phone No. of LGA DSNO: 09098700784





**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"/>	9/7/21	30/3/21	29/5/21		
Dose 2	• AstraZeneca/Oxford <input checked="" type="checkbox"/> • Johnson & Johnson <input type="checkbox"/> • Pfizer <input type="checkbox"/>	10/2021	7/10/21	Completed		

1st Dose

Name of Health Officer: Sanusi Kafayat

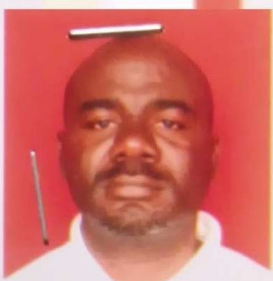
Signature: [Signature]

2nd Dose

Name of Health Officer: Adetoro Kafayat

Signature: [Signature]





**FEDERAL REPUBLIC OF NIGERIA**  
**NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY**  
**SEAFARER'S MEDICAL CERTIFICATE**  
**( NIMASA )**

235244



**ORIGINAL**

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>EZEKIEL</u>	Given Names: <u>ABIODUN</u>	
Discharge Book No: <u>SSID NO: M16: 020020</u> D D M M Y Y Y Y	Passport No: <u>B00422422</u>	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Date of Birth: <u>02011980</u>	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): <u>27/01/25</u>	Please specify restriction.		

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

<b>Restrictions</b> <b>Duties:</b> <b>Location/Vessel:</b> <b>Medical/Others:</b>
--

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 checked="" type="checkbox"/> No <input type="checkbox"/>
--	---

**I have examined the seafarer named above and have found him/her fit for seafaring as below**

<b>Medical Fitness Category (tick relevant box)</b> 1. Fit-No Restriction <input checked="" type="checkbox"/> 2. Fit-subject to restrictions <input type="checkbox"/>
--

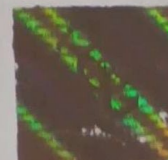
Fit for look-out duty Fit <input checked="" type="checkbox"/> Unfit <input type="checkbox"/>	Deck Fit <input checked="" type="checkbox"/> Unfit <input type="checkbox"/>	Engine Fit <input type="checkbox"/> Unfit <input type="checkbox"/>	Steward/Others Fit <input type="checkbox"/> Unfit <input type="checkbox"/>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

Date of Examination <u>27012025</u>	Expiry Date of Certificate <u>26012027</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: <u>[Signature]</u>
--

Name, Signature and Official stamp/seal of Approved Doctor: <u>DR. KOBIMDI M. LONGSHOR</u>
---







**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: EZEKIEL OTHER NAMES: ABUDUN  
DATE OF BIRTH: 02/11/1980 AGE: 45yrs SEX: M NATIONALITY: NIGERIAN  
DATE OF APPLICATION: 25/11/2025 PLACE OF BIRTH: ILARA, KOGI STATE  
Discharge Book NO.: NIG:020020 Company: \_\_\_\_\_ Vessel: \_\_\_\_\_  
Address: \_\_\_\_\_  
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES DATE _____	(B.) Typhoid Fever	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES DATE _____	(C.) Cholera	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES DATE _____	(D.) Meningitis	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES DATE _____
(E.) Yellow Fever	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES DATE _____	(F.) Hepatitis	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES DATE _____	(G.) Tuberculosis	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES DATE _____		

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

Ezekiel Abiodun 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)

27-01-2025  
Date

Ezekiel Abiodun  
Name of Applicant

[Signature]  
Signature of Applicant





W2L 000112  
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: EZEKIEL ABIODUN  
(Surname first)

Discharge Book No: NIG-026020

#### APPEARANCE

MENTALLY AND PHYSICALLY FIT

#### GENERAL EXAMINATION

Weight: 85kg Height: 1.74m Gait ☒ Normal ☐ Abnormal

Temperature: 36.0°C Blood Pressure: 120/70mmHg Pulse Rate: 92b/m Pailor: 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"/>

#### 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"/>

#### (3.) Eyesight

	RT	LT
Visual Acuity		
Without glasses	<u>6/-6</u>	<u>6/-6</u>
With glasses	<u>6/-</u>	<u>6/-</u>
Colour Vision	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

#### (1.) Blood Group & Genotype

(Enter Results)  
O+ & AS

#### (2.) Full blood count

PCV-41%, WBC-6,700/cmm

#### (3.) VDRL

Negative ☒ Positive ☐

#### (4.) HIV

Negative ☒ Positive ☐

#### (5.) Hepatitis B Antigen

Negative ☒ Positive ☐

#### (6.) Widal (for Catering Dept)

#### (7.) Urinalysis

Nil

#### (8.) Chest X-Ray with Report

Normal ☒ Abnormal ☐

#### (9.) Electrocardiogram

Normal ☒ Abnormal ☐

Dr. Kabir M. Longeston  
Physician's Name



[Signature]  
Physician's Signature & Stamp

Imperial Medical Centre, Ebute Metta (West), Lagos  
Physician's Address/Telephone No.



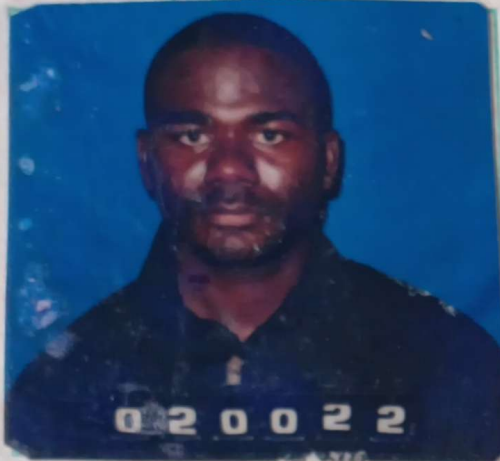
NIG -

020022

## DECLARATION

I DECLARE:

- (i) that the person to whom this Discharge Book relates has satisfied me that he (she) is a seaman;
- (ii) that the photograph affixed bearing my official stamp is a true likeness of the holder,
- (iii) 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



Seafarers Services Superintendent  
Embossing Stamp

  
Signature of the Authorised Officer

Date

5<sup>TH</sup> AUG 2008

OGUNKOYA A.D shipping master  
Name/Designation

2

NIG - 020022

## PARTICULARS OF SEAMAN

SURNAME (In blocks letters)

EZEKIEL

OTHER NAMES (In full)

ABIODUN

Date of Birth

2 - 1 - 80

Place of Birth

KOGI

Height

1.74 m

Colour of Eyes

BROWN

Signature of Seaman



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NIG - 020022

## PARTICULARS OF TRAINING COURSES

(INCLUDING PRE-SEA TRAINING COURSES)

## COURSES ATTENDED AND CERTIFICATES OBTAINED

Date of Courses	Particulars of Courses
6-9/06/16	4 BASIC MANDATES (HMTIC)
7-8/07/16	CERTIFICATE OF PROFICIENCY IN SURV. CRAFT & RESCUE BOATS (HMTIC)
7-8/07/16	CERTIFICATE OF PROFICIENCY IN BRIDGE RESOURCE MGT (HMTIC)
11-13/07/16	CERT. OF PROFICIENCY IN BASIC TRAINING FOR OIL & CHEM. TANKER CARGO OP. (HMTIC)
13-15/07/16	CERT. OF PROFICIENCY IN ADV. FIRE FIGHTING (HMTIC)
18-21/07/16	CERT. OF PROFICIENCY IN MEDICAL FIRST AID (HMTIC)
1-3/08/16	CERT. OF PROFICIENCY IN ARPA (OPERATIONAL) (HMTIC)
3-5/08/16	CERT. OF PROF. AS SHIP SEC. OFF. WITH AWARENESS & DEF. SEC. DUTIES
8-12/08/16	CERT. OF PROF. IN ELECT. CHART DISPLAY INFO. SYSTEM (HMTIC)
12-19/08/16	CERT. OF PROF. IN GMDSS RADIO OPERATORS (HMTIC)




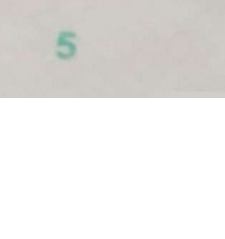

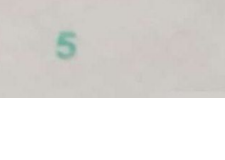
OTHER QUALIFICATIONS: NIMASA COC

(A.B. CERTIFICATE COOKS CERTIFICATES, EFFICIENT DECK HAND CERTIFICATE, PERSONAL SURVIVAL CERTIFICATE etc)

(All entries must be certified by a Seafarers Services Superintendent)

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NIG - 020022

Certificates Obtained	Certified signature of Supt. And date
BST/STCW	   
PSCRB/STCW	
PBRM/STCW	
PBTOTCO/STCW	
PAFF/STCW	
PMFA/STCW	
PARPA/STCW	
SSD/STCW	
ECDIS/STCW	
GMDSS/STCW	
MASTER 006188	 

**NIMASA**  
 MERCANTILE MARINE OFFICE  
 No 2 BIG GUA CALABAR  
 CROSS RIVER STATE

5



NIG-020022

# 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 Engine Kilowatt	Date and place of		Rating
		Engagement ★	Discharge	
1	MFT ABEBISI 150 GRT	12/02/99 LAGOS	15/06/01 LAGOS	ABLE SEAMAN
2	MFT TOLUWANI 148 GRT	15/3/2002 LAGOS	28/10/2005 LAGOS	SHRIMP MASTER
3	MFT OLUWI 148-80 GRT	6/07/06 LAGOS	10/5/08 LAGOS	COXWAIN
4	Oluwakemi 377777 3453-CD minn	21/10/2009 Lagos	12/06/2010 Lagos	Chief Officer
5	Oluwakemi 377777 3453-CD minn	15/07/2010 Lagos	15/01/2011 Lagos	Chief Officer

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

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NIG - 020022

Description of Voyage	Copy of Report of Character		Signature of (1) MASTER (2) Seafarers Services Superintendent
	For ability	For general conduct	
FGN	VG	VG	(1) (2)
FGN	VG	VG	(1) (2)
FGN	VG	VG	(1) (2)
FGN	VERY GOOD 427	VERY GOOD 427	(1) (2)
FGN	VERY GOOD 427	VERY GOOD 427	(1) (2)

★ NCV - Near Coastal Voyages FGN - Foreign going  
★

7



NIG - 020022

## 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 Engine Kilowatt	Date and place of		Rating	Description of Voyage
		Engagement	Discharge		
6	Obunro 377777 3453.00 mtons	07/02/2011 bomny	04/03/2012 Lagos	Chief Officer	FGN
7	Obunro 377777 3453.00 mtons	29/6/2012 Lagos	16/12/2012 Lagos	Chief Officer	FGN
8	Pauline GRT 1220	16/4/13 Lagos	26/7/13 Lagos	Captain	HT
9	Pauline GRT 1220	11/09/13 Lagos	08/11/13 Lagos	Captain	HT
10	MV DASY GRT 249	17/02/14 Lagos	22/06-14 Lagos	Captain	HT

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

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NIG - 020022

*Description of ** Voyage	Copy of Report of Character		Signature of (1) MASTER, (2) Seafarers Services Superintendent	
	For ability	For general conduct		
FGW	VER GOOD	VER GOOD	(1)	(2)
FGW	VER GOOD	VER GOOD	(1)	(2)
HT	VER GOOD	VER GOOD	(1)	(2)
HT	VER GOOD	VER GOOD	(1)	(2)
HT	VER GOOD	VER GOOD	(1)	(2)

★ NCV - Near Coastal Voyages FGN - Foreign

MV DASH  
CAPT

\* NCV - Near Coastal Voyages FGN - Foreign

9



NIG -

020022

# **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 Engine Kilowatt	Date and place of		Rating	*De
		Engagement	Discharge		
11	mu FAITH 438.4 GRT	22-09-14 Lagos	21-12-14 Lagos	Captain	HT
12	mu FAITH 438.4 GRT	10-2-15 Lagos	15-10-15 Lagos	master	HT
13	mu PETROLEX OFF NO 22688 GRT: 1540	18-12-16 Lagos	20-06-17 LAGOS	master	HT
14	mu PETROLEX GRT: 1540 GRT: 1342	30-03-18 Lagos	20-09-18 Lagos	master	HT
15	PETROLEX OFF NO: 2689 GRT: 1540 BHP: 1342	25-10-18 Lagos	30-11-18 Lagos	master	HT

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NIG -

020022

*Description of Voyage	Copy of Report of Character		Signature of (1) MASTER (2) Seafarers Services Superintendent
	For ability	For general conduct	
HT	VERY GOOD 427	VERY GOOD 427	(1) [Signature] (2) [Signature]
HT	VERY GOOD 427	VERY GOOD 427	(1) [Signature] (2) [Signature]
HT	VERY GOOD 427	VERY GOOD 427	(1) [Signature] (2) [Signature]
HT	VERY GOOD 427	VERY GOOD 427	(1) [Signature] (2) [Signature]
HT	VERY GOOD 427	VERY GOOD 427	(1) [Signature] (2) [Signature]

\*NCV - Near Coastal Voyages FGN - Foreign Voyaging  
\*HT -

11



# 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 Engine Kilowatt	Date and place of		Rating	*D	*Description of Voyage
		Engagement	Discharge			
1	MV GUARDIAN 7 MASTER GRT/NRT 168/50 9780413KW CALL SIGN: 5NKL7 REGISTRY: LAGOS	14-07-19 Onne	16-08-19 Onne	MASTER	HT	
1	MV GUARDIAN 7 GRT/NRT 168/50 9780413KW CALL SIGN: 5NKL7	17-09-19 Onne	17-10-19 Onne	master	HT	
1	MV GUARDIAN 7 GRT/NRT 168/50 9780413KW CALL SIGN: 5NKL7	17-11-19 FLT Onne	17-12-19 Onne	MASTER	HT	
19	MV MEDIATOR IV CALL SIGN: 50 IMO : 9 GRT/BHP : 26	10-03-20 LAGOS	26/06/2020 LAGOS	MASTER	HT	
20	MV MEDIATOR III CALL SIGN: 50KW IMO : 9804174 GRT/BHP : 269/5,800	21/07/2020 LAGOS	21/09/2020 LAGOS	MASTER	HT	

Copy of Report of Character		Signature of (1) MASTER, (2) Seafarer's Services Superintendent
For apir	For serial conduct	
VERY GOOD	VERY GOOD	(1) MASTER (2) GRT/NRT 168/50 9780413KW
VERY GOOD	VERY GOOD	(1) MASTER (2) CALL SIGN: 5NKL7 REGISTRY: LAGOS
VERY GOOD	VERY GOOD	(1) MASTER (2) MV GUARDIAN 7 MASTER GRT/NRT 168/50 9780413KW CALL SIGN: 5NKL7 REGISTRY: LAGOS
VERY GOOD	VERY GOOD	(1) MASTER (2) MV MEDIATOR IV CALL SIGN: 50 IMO : 9 GRT/BHP : 26
VERY GOOD	VERY GOOD	(1) MASTER (2) MV MEDIATOR III CALL SIGN: 50KW IMO : 9804174 GRT/BHP : 269/5,800

\* NCV - Near Coastal Voyages FGN - Foreign going  
\* 427



NIG - 020022

# 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 Engine Kilowatt	Date and place of		Rating	★ ★	★ ★	★ ★	Copy of Report of Character		(1) Signature of (1) MASTER	(2) Signature of (2) Seaman
		Engagement	Discharge					For (1)	For (2)		
21	MV MEDIATOR III CALL SIGN : 50KW IMO : 9804174 GRT/BHP : 269/5800	21/10/2020 LAGOS	21/11/2020 LAGOS	MASTER	HT			VERY GOOD 427	VERY GOOD 427	(1) [Signature]	(2) [Signature]
22	MV MEDIATOR III CALL SIGN : 50KX IMO : 9804186 GRT/BHP : 269/5800	21/11/2020 LAGOS	23/01/2021 LAGOS	MASTER	HT			VERY GOOD 427	VERY GOOD 427	(1) [Signature]	(2) [Signature]
23	MV AIKOR CALL SIGN : 50KV IMO : 9804188 GRT/BHP : 269/5800	13-11-21 LAGOS	31-12-22 LAGOS	MASTER	FGN			VERY GOOD 427	VERY GOOD 427	(1) [Signature]	(2) [Signature]
24	MV MEDIATOR III CALL SIGN : 50KW IMO : 9804174 GRT/BHP : 269/5800	01-03-23 LAGOS	17-04-23 LAGOS	MASTER	HT			VERY GOOD 427	VERY GOOD 427	(1) [Signature]	(2) [Signature]
25	MV MEDIATOR III CALL SIGN : 50KW IMO : 9804174 GRT/BHP : 269/5800	17-06-23 LAGOS	02-08-23 LAGOS	MASTER	HT			VERY GOOD 427	VERY GOOD 427	(1) [Signature]	(2) [Signature]

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

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NIG - 020022

No	Name of Ship Official Number Gross Tonnage Engine Kilowatt	Date and place of		Rating	★ ★	★ ★	★ ★	Copy of Report of Character		(1) Signature of (1) MASTER	(2) Signature of (2) Seaman
		Engagement	Discharge					For (1)	For (2)		
21	MV MEDIATOR III CALL SIGN : 50KW IMO : 9804174 GRT/BHP : 269/5800	21/10/2020 LAGOS	21/11/2020 LAGOS	MASTER	HT			VERY GOOD 427	VERY GOOD 427	(1) [Signature]	(2) [Signature]
22	MV MEDIATOR III CALL SIGN : 50KX IMO : 9804186 GRT/BHP : 269/5800	21/11/2020 LAGOS	23/01/2021 LAGOS	MASTER	HT			VERY GOOD 427	VERY GOOD 427	(1) [Signature]	(2) [Signature]
23	MV AIKOR CALL SIGN : 50KV IMO : 9804188 GRT/BHP : 269/5800	13-11-21 LAGOS	31-12-22 LAGOS	MASTER	FGN			VERY GOOD 427	VERY GOOD 427	(1) [Signature]	(2) [Signature]
24	MV MEDIATOR III CALL SIGN : 50KW IMO : 9804174 GRT/BHP : 269/5800	01-03-23 LAGOS	17-04-23 LAGOS	MASTER	HT			VERY GOOD 427	VERY GOOD 427	(1) [Signature]	(2) [Signature]
25	MV MEDIATOR III CALL SIGN : 50KW IMO : 9804174 GRT/BHP : 269/5800	17-06-23 LAGOS	02-08-23 LAGOS	MASTER	HT			VERY GOOD 427	VERY GOOD 427	(1) [Signature]	(2) [Signature]

★ NCV - Near Coastal Voyages FGN - Foreign going  
★

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NIG - 020022

NIG -

020022

# 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 and Keel Length	Date and place of		Rating	*Description of Voyage	Copy of Report of Character		Signature of Seaman (2) Seafarer's Services Superintendent
		Engagement	Discharge			For ability	For general conduct	
26	MV MEDIATOR IV CALL SIGN : 5BKK IMO : 9804186 GRT/BHP : 269/5,800	21-08-23 for owner	21/09/2023 for owner	MASTER	HI	V-G VERY GOOD 725	V-G VERY GOOD 725	(1) (2)
27	MV MEDIATOR IV CALL SIGN : 5BKK IMO : 9804186 GRT/BHP : 269/5,800	26-10-23 LAGOS	29-12-23 LAGOS	MASTER	HI	V-G VERY GOOD 725	V-G VERY GOOD 725	(1) (2)
28	MV MEDIATOR IV CALL SIGN : 5BKK IMO : 9804186 GRT/BHP : 269/5,800	03-02-24 ONNE	03-03-24 ONNE	MASTER	HI	V-G VERY GOOD 725	V-G VERY GOOD 725	(1) (2)
29	MV MEDIATOR IV CALL SIGN : 5BKK IMO : 9804186 GRT/BHP : 269/5,800	21-03-24 ONNE	21-05-24 ONNE	MASTER	HI	V-G VERY GOOD 725	V-G VERY GOOD 725	(1) (2)
30	MI AFRICA GRT- 1756 KWT- 1325 IMO- 8023527	12/08/24 TEMA	15-02-25 LAGOS	MASTER	FGN	V-G VERY GOOD 725	V-G VERY GOOD 725	(1) (2)

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

OFFICIAL GTO 017251

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\* NCV - Near Coastal Voyages FGN - Foreign going

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