

MUDRIK SALUM OTHMAN  
Mobile: +255776831347 /+255626551158  
E-mail: [amaliyissa@gmail.com](mailto:amaliyissa@gmail.com)



**PERSONAL DETAILS:**

Full Names MUDRIK SALUM OTHMAN  
Nationality: TANZANIAN  
Date of Birth: 05<sup>nd</sup> December, 1987  
Sex: MALE  
Passport No: TAE 397451  
Marital Status: MARRIED  
Current Residence: FUONI -UNGUJA  
Home Residence: ZANZIBAR-TANZANIA  
Health: Non Smoker, None Alcohol  
Interest: Play pool table, swimming, sports and sharing ideas with different people.

**CERTIFICATES DETAILS**

| SAO. | NAME OF THE<br>CERTIFICATE                 | PLACE<br>AND<br>DATE OF<br>ISSUE | VALIDTY<br>DATE | CERTIFICATE NUMBER |
|------|--------------------------------------------|----------------------------------|-----------------|--------------------|
| 1.   | FIRE<br>PREVENTIONA<br>ND FIRE<br>FIGHTING | TANZANIA<br>13/12/2021           | 12/08/2026      | 07244              |
| 3.   | ELEMENTARY<br>FIRST AID                    | TANZANIA<br>20/08/2021           | 19/08/2026      | 08170              |
| 4.   | PERSONAL<br>SERVIVAL<br>T ECHNIQUES        | TANZANIA<br>06/08/2021           | 05/08/2026      | 09643              |

|    |                                                                |                        |            |       |
|----|----------------------------------------------------------------|------------------------|------------|-------|
| 5. | PROFICIENCY IN<br>SURVIVAL CRAFT<br>RESCUE AND<br>RESCUE BOATS | TANZANIA<br>24/03/2022 | 23/03/2027 | 04636 |
| 6. | PERSONAL SAFETY AND<br>SOCIAL RESPONSIBILITIES                 | TANZANIA<br>20/08/2021 | 19/08/2026 | 08135 |
| 7. | RATING FORMING PART<br>OF NAVIGATION WATCH                     | TANZANIA<br>24/03/2022 | -          | 04253 |
| 8. | SECURITY<br>AWARENESS TRAINING                                 | TANZANIA<br>13/08/2021 | -          | 07614 |

#### SEAMAN BOOK, PASSPORT DETAILS AND MEDICAL FITNESS CERTIFICATE

|                                | NUMBER         | DATE OF ISSUE | VALIDITY   |
|--------------------------------|----------------|---------------|------------|
| SEAMAN BOOK 1                  | ZMA-SDB-210630 | 22/10/2021    | 22/10/2026 |
| PASSPORT                       | TAE 397451     | 31/08/2021    | 30/08/2031 |
| MEDICAL FITNESS<br>CERTIFICATE | -              | 12/19/2022    | 12/18/2024 |

#### SEA SERVICES:

| NO | NAME OF<br>VESSEL | TYPE OF<br>VESSEL | RANK | GRT | PERIOD<br>SIGN<br>ON | OFF        | COMP                      |
|----|-------------------|-------------------|------|-----|----------------------|------------|---------------------------|
| 1  | BLUE<br>ECONOMY 1 | CARGO             | OS   | 980 | 05/01/2022           | 09/07/2022 | BLUE<br>ECONOMY<br>MASTER |
| 2  | MV SARAH          | CARGO             | AB   | 587 | 10/08/2022           | 05/02/2023 | MASTER<br>MV.SARAH        |

#### REFEREES

1. RIDHIWAN SALUM OTHMAN  
TEL: +255773623435  
ZANZIBAR-TANZANIA
2. FARIDA JUMA HASHIM  
TEL: +255 776565656  
ZANZIBAR-TANZANIA



VISA / VISAS



URT

Namba ya Pasipoti/Passport No/No. Passeport  
**TAE397451**

Jina la ukoo/Surname/Nom

OTHMAN

Jina/Given Names/Prénoms

MUDRIK SALUM

Utaifa/Nationality/Nationalité

TANZANIAN

Tarehe ya kuzaliwa/Date of birth/Date de Naissance

05 DEC 1987

Jinsia/Sex/Sexe

**Mahali pa kuzaliwa/Place of birth/Lieu de Naissance**

M

# CHAKECHAKE

Tarehe ya kutolewa/Date of issue/Date de Délivrance

Mamlaka iliyotoa/Issuing Authority/Autorité de Délivrance

31 AUG 21

PCO, ZANZIBAR

Tarehe ya Mwisho wa Matumizi/Date of expiry/  
Date d'expiration

Sahihi ya mwenye pasipoti/Signature/Signature

30 AUG 31

P<TZA0THMAN<<MUDRIK<SALUM<<<<<<<<<<<<<<<<<<<

TAE3974516TZA8712057M3108309<<<<<<<<<<<<<<06



.....

### Change of address

.....

### Change of address

.....

### Next of kin and relationship

.....

**KITAMBULISHO CHA UBAHARIA NA  
REKODI ZA BAHARINI  
SEAFARER'S IDENTIFICATION AND  
SEA SERVICE RECORD BOOK**

Aina / Type:  
**S**

Kanuni / Code:  
**TZA**

Nambari ya Utambulisho / Identification No.:  
**ZMA-SDB-210630**



**Jina la Ukoo / Surname:**

**OTHMAN**

Jina / Given Names:

**MUDRIK SALUM**

Tarehe ya kuzaliwa / Date of Birth:

05/12/1987

**Utaifa / Nationality:**

**Tanzanian**

Tarehe iliyotolewa / Date of Issue:

22/10/2021

Pahali ilipototewa / Place of Issue:

## Zanzibar

**Jinsia / Sex:**

M

Tarehe ya Mwisho wa Matumizi / Date of expiry:

22/10/2026

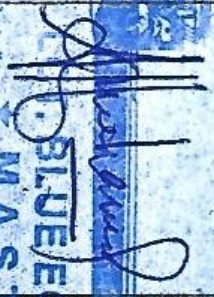
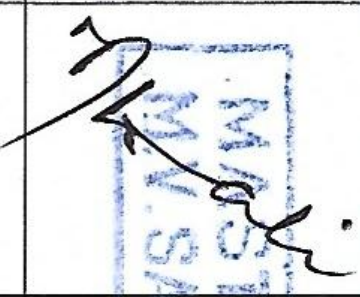
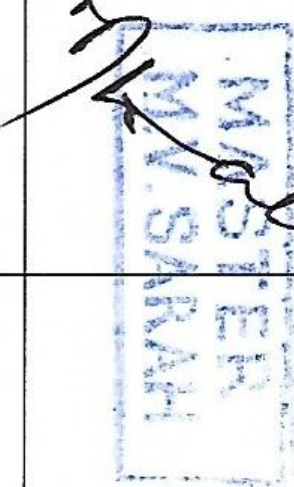
Saini ya Mmiliki / Holder's Signature:

[illegible]

# RECORD OF SEA SERVICE

| Name of ship, IMO No., GT and kW                                 | Date & Place           |                        | Capacity |
|------------------------------------------------------------------|------------------------|------------------------|----------|
|                                                                  | Joining                | Leaving                |          |
| 1. BLUE ECONOMY 1<br>IMO NO. 9895941<br>GT. 730 NT 219<br>KW 980 | 05/01/2022<br>ZANZIBAR | 09/07/2022<br>ZANZIBAR | 05       |
| 2. N/V SARAH<br>OFFICIAL No 100052<br>GRT: 587<br>NRT: 282       | Z'BAR<br>10/08/2022    | Z'BAR<br>05/02/2023    | A/B      |
| 3.                                                               |                        |                        |          |

# RECORD OF SEA SERVICE

| Voyage Description | Master or authorised person signature                                                | Ship or Company Stamp                                                                |
|--------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1. COASTAL         |  |  |
| 2. COASTAL         |   |   |
| 3.                 |                                                                                      |                                                                                      |



# **INTERNATIONAL CERTIFICATE\* OF VACCINATION OR PROPHYLAXIS**

This is to certify that [name] MURRIC SALUM  
 date of birth 5/12/87 sex M  
 nationality TANZANIA  
 national identification document, if applicable .....  
 whose signature follows [Signature] .....  
 has on the date indicated been vaccinated or received prophylaxis  
 against: (name of disease or condition) Yellow Fever .....

in accordance with the International Health Regulations.

|                                                             |                  |                                                                                                                    |
|-------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------|
| Vaccine or prophylaxis<br>Vaccin ou agent<br>prophylactique | Date<br>Date     | Signature and professional<br>status of supervising<br>clinician<br>Signature et titre du clinicien<br>responsable |
| 1. Yellow                                                   | 9th July<br>2022 |                                                                                                                    |
| 2.                                                          |                  |                                                                                                                    |
| 3.                                                          |                  |                                                                                                                    |

\* Requirements for validity of certificate on page 2.

# **CERTIFICAT\* INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE**

Nous certifions que [nom] .....  
 né(e) le ..... de sexe .....  
 et de nationalité .....  
 document d'identification national, le cas échéant  
 .....  
 dont la signature suit .....  
 a été vacciné(e) ou a reçu des agents prophylactiques à la  
 date indiquée contre: (nom de la maladie ou de l'affection)  
 .....  
 conformément au Règlement sanitaire international.

|                                                                                                                                         |                                                                                           |                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Manufacturer and<br>batch no. of vaccine or<br>prophylaxis<br>Fabricant du vaccin ou<br>de l'agent prophylac-<br>tique et numéro du lot | Certificate valid<br>from:<br>until:<br>Certificat valable<br>à partir du :<br>jusqu'au : | Official stamp of the<br>administering centre<br>Cachet officiel du<br>centre habilité |
| 43519<br>Simanzi                                                                                                                        | 4th JUL<br>10th AUG                                                                       |                                                                                        |
|                                                                                                                                         |                                                                                           |                                                                                        |
|                                                                                                                                         |                                                                                           |                                                                                        |

\* Voir les conditions de validité à la page 3.





**REVOLUTIONARY GOVERNMENT OF ZANZIBAR**  
**MINISTRY OF HEALTH, SOCIAL WELFARE,  
ELDERLY, GENDER AND CHILDREN**

# **COVID-19 VACCINATION**

Vaccination Number

**Z61018952**

Gard Holder Name

**MUDRIK SALUM OTHMAN**

Issued Date

**Jun 13, 2022**



Scan NFC with the  
phone view results

Scan QR with  
phone view results



**THE UNITED REPUBLIC OF TANZANIA  
ZANZIBAR MARITIME AUTHORITY  
SEAFARER'S IDENTITY CARD**



Last Name

**OTHMAN**

First Names

**MUDRIK SALUM**

Nationality

**TANZANIA**

Zan / Nida ID

**100032545**

Special Physical Characteristics

**NIL**

Issued date

**27/06/2023**

Gender

**MALE**

Date of Birth

**05/12/1987**

Place of Birth

**CHAKECHAKE**

Passport No

**TAE397451**

Rank

**ORDINARY SEAFARER**

Expiry date

**27/06/2028**



Issuing Authority: **TANZANIA ZANZIBAR REGISTER OF SHIPPING**





FPFF

No. 07244



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



MR. MUDRIK SALUM OTHMAN

This is to certify that.....

Date of birth. 05.12.1987 Place of birth. CHAKE CHAKE

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

Issued on. 13.08.2021 Valid Until. 12.08.2026

*Signature of the Holder*

Capt. E. E. MARJANI

*Name and Signature of duly Authorised Officer*



PSSR

No. 08135



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



MR. MUDRIK SALUM OTHMAN

This is to certify that.....

Date of birth.....05.12.1987.....Place of birth.....CHAKE CHAKE.....

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

Issued on.....20.08.2021.....Valid Until.....19.08.2026.....

Signature of the Holder



Capt. E. E. MARJANI

Name and Signature of duly Authorised Officer





PSCRB

No. 04636



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



**MR. MUDRIK SALUM OTHMAN**

This is to certify that.....

Date of birth..... **05.12.1987** Place of birth..... **CHAKECHAKE**

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

Issued on..... **24.03.2022** Valid Until..... **23.03.2027**

*Signature of the Holder*



**Cpt. E. E. MARIJANI**

*Name and Signature of duly Authorised Officer*

No. 04253



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



MR. MUDRIK SALUM OTHMAN

This is to certify that.....

Date of birth.....05.12.1987.....Place of birth.....CHAKECHAKE.....

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

24.03.2022

Issued on.....

Signature of the Holder



**CPT. E. E. MARIJANI**

Name and Signature of duly Authorised Officer



PST

No. 09643



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



MR. MUDRIK SALUM OTHMAN

This is to certify that.....

Date of birth.....05.12.1987.....Place of birth.....CHAKECHAKE.....

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

Issued on.....06.08.2021.....Valid Until.....05.08.2026.....

Signature of the Holder



G. E. E. MARIJANI

Name and Signature of duly Authorised Officer

No. 07614



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



MR. MUDRIK SALUM OTHMAN

This is to certify that.....

05.12.1987

CHAKE CHAKE

Date of birth.....Place of birth.....

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

13.08.2021

Issued on.....

*Signature of the Holder*

Capt. E. E. NARJANI

*Name and Signature of duly Authorised Officer*



No. 08170



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



MR. MUDRIK SALUM OTHMAN

This is to certify that.....

Date of birth.....05.12.1987.....Place of birth.....CHAKE CHAKE

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

Issued on.....20.08.2021.....Valid Until.....19.08.2026

.....  
*Signature of the Holder*



.....  
Cpt. E. E. MARIJANI

.....  
*Name and Signature of duly Authorised Officer*





# EDEN MEDICAL CLINIC

MAVUNO HOUSE, AZIKIWE ROAD

P.O. BOX 65202, TEL. 0713-321426

DAR ES SALAAM

## Seafarers Laboratory Investigation Form

Name: MADRICK SALUM OTHMAN Age: 32 Sex: M M/F

Card No: 0100032 Requested by: DR OTITO

Diagnosis: NONE Specimen: BU

### Clinical Findings:-

| INVESTIGATION REQUESTED                 |                                 |
|-----------------------------------------|---------------------------------|
| Random blood glucose: <u>7.0 mmol/L</u> | Urinalysis/ Urine               |
| Fasting blood glucose:                  | Urobilinogen: <u>Normal</u>     |
| HB Level: <u>15.2 g/dl</u>              | Glucose: <u>Neg</u>             |
| ABO Blood Grouping: <u>O Rh+ve</u>      | Bilirubin: <u>Neg</u>           |
| HIV Test: <u>NEGATIVE</u>               | Ketones: <u>Neg</u>             |
| UPT:                                    | S.Gravity: <u>1.0025</u>        |
| WEIGHT: <u>63 KG</u>                    | Blood: <u>Neg</u>               |
| HEIGHT: <u>170 CM</u>                   | Protein: <u>Neg</u>             |
| Visual Acuity (VISION)                  | PH: <u>6.5</u>                  |
| Speech/HEARING & Balance:               | Nitrate: <u>Neg</u>             |
| Blood Pressure: <u>110/97 mmHg</u>      | Leukocytes: <u>Neg</u>          |
| Pulse Rate: <u>88/min</u>               | MACR: <u>Yellowish sediment</u> |
| Chest X-Ray-PA                          | MICR: <u>Nil</u>                |
| ECG: ElectroCardiogram                  |                                 |

TO LABORATORY/EXRAY/ECG ECHO/EEG

Date: 16/09/2021 DR. Name & Signature: [Signature]

NB: REPORT OVERLEAF



EDEN MEDICAL CLINIC  
Dr. Charles Kotto, MD, MMED  
Community Health Consultant  
P.O. Box 65202, Dar es Salaam  
MAVUNO HOUSE, Azikiwe Street  
• General Physician  
• Aviation Medical Examiner (AME)  
• Seafarers Medical Services (TASAC)





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



Medical Fitness Certificate

OTUMAN MUDRIK SALLUM  
Name Last Name First Names  
05.12.1980  
Gender: Male ☒ Female ☐ Date of birth (day/month/year)  
Home address KIKWAZUNI NJINI MAGHARIBI 2NZ  
PASSPORT  
Proof of identity: Kind of identity Number TAE 397451

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

FIT FOR SEAFARING

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

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

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

Date of examination 16.09.2021 (Day/month/year)

Place of examination DARESSALAAM

Name of Approved Medical Practitioner DR CHARLES K. OTITO

Official Stamp

Signature of Approved Medical Practitioner

Expiry date of Certificate 15.09.2023 (day/month/year)

I acknowledge that I have been advised on the contents of the Medical Examination Form.

Applicant's signature [Signature]  
EDEN MEDICAL CLINIC  
Community Health Consultant  
P.O. Box 65202, Dar es Salaam  
MAYINO HOUSE, Azikiwe Street

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

- General Physician
- Aviation Medical Examiner (AME)
- Seafarers Medical Services (TASAC)

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



# THE UNITED REPUBLIC OF TANZANIA

## ZANZIBAR MARITIME AUTHORITY

### Medical Fitness Certificate



The Maritime Transport Act, 2006  
Seafarers Medical Examination Regulations (Made under Section 17)

Surname : OTHMAN Names : MUDRIK SALUM

Gender : MALE Date of Birth : 12/5/1987 Place of Birth : CHAKECHAKE

Type of ID : PASSPORT ID No : TAE397451

Home Address : FUONI-ZANZIBAR

I have evaluated the above name applicant according to the Seafarers Medical Examination Regulations 2018 made under the Maritime Transport Act, No.5 of 2006. On the basis of the applicant's personal declaration, my Clinical examination and diagnostic test result recorded on the medical examination form, I declare the Applicant :

**FIT FOR SEAFARING**

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

Date of last colour vision test if not tested at this Examination : 12/19/2022

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

Date of Examination : 12/19/2022 Place of Examination : MNAZI MMOJA HOSPITAL

Name of approved Medical Practitioner: Dr. KHAMIS MUSTAFA KHAMIS

CONSULTANT CARDIOLOGIST  
MNAZI MMOJA HOSPITAL  
P.O. BOX 672, ZANZIBAR  
SEAFARER'S MEDICAL SERVICES  
ZANZIBAR MARITIME AUTHORITY (ZMA)

Issue Date of Certificate : 12/19/2022

Expiry Date of Certificate : 12/18/2024

I acknowledge that i have been advise on the content of the Medical Examination Form

Applicant's Signature : [Signature]



The Original Certificate is given to the Applicant and Copy shall remain in possession of the Authority, the approved Medical Practitioner may retain a copy.

Certificate No : ZMA-SMC-19533

Zanzibar Maritime Authority  
P. O. Box 401, Malindi - Zanzibar  
Tel: +255 24 223 6795, Fax: +255 24 223 6796  
Email: info@zma.go.tz, URL: www.zma.go.tz

Medical Form No : ZMA-SMF-69484



**ZANZIBAR DANAOS MERCHANT MARINE INSTITUTE**  
**UNITED REPUBLIC OF TANZANIA**



Certificate No: SEC6067

THIS IS TO CERTIFY THAT **Mr. OTHMAN MUDRIK SALUM**

Date of Birth: **5 - DEC - 1987**

Holder of CDC No: **ZMA-SDB-210630**

Passport No: **TAE397451**

Has successfully completed a training course for

**CERTIFICATE OF DESIGNATED SECURITY DUTIES**

. Held on **14<sup>TH</sup> SEPTEMBER 2022** and has been found qualified

The course meets the requirements laid down in paragraph 4 to 6 of Regulation VI/6. Paragraph 6 to 8 of Section A-VI/6 and Table A-VI/6-2 of STCW Convention as amended in 2010.

*This certificate is issued under the authorization of the Zanzibar Maritime Authority (ZMA) and Tanzanian Maritime Authority. A Competent authority established in The United Republic of Tanzania.*

Issue Date: 14/9/2022

Expiry Date: 13/9/2027

Signature of Seafarer

Certified & Sealed by ZMA



ZDMMI Academic Director/Chief instructor  
Cpt.S.K.Petronios  
Master Mariner



Certificate No: FOST 035/22

## **CERTIFICATE OF ACHIEVEMENT IN FOST/1**

This is to certify that

**OTHMAN MUDRIK SALUM**

**DECK CADET**

SURNAME

NAME

RANK

Date of Birth of Holder of this Certificate: 5 DEC 1987

Has attended and completed satisfactorily a **Fleet Operation Sea Training Deck** pertaining to his rank on the following subjects at **ZANZIBAR DANAOS MERCHANT MARINE INSTITUTE** establishment:

- DECK SEAMANSHIP
- LIFE SAVING APPLIANCE
- PERSONAL SAFETY ON BOARD
- CARGO OPERATION
- WATCHKEEPING

- ENCLOSED SPACE ENTRY
- ISPS (DRUGS AND ALCOHOL)
- ISM BASICS
- ENVIROMENTAL AWARENESS
- FIRE PREVENTION AND FIRE FIGHTING

Certificate Issued on **1<sup>st</sup> JULY 2022**

.....  
Signature of the Holder of this Certificate

.....  
**CAPT. S.K. PETRONIOS**  
General Manager

.....  
Course Manager

**ZANZIBAR DANAOS MERCHANT MARINE INSTITUTE**  
Chukwani Street, CHUKWANI  
(PO BOX 3602) ZANZIBAR, TANZANIA. Tel: +255 24 2230 86