CURRICULUM VITAE

Name

MESHACK

LAST NAMES

THOBIAS NYONI



D.O.B.	25.06.1996	Old CDC no.	003415	Validity:
	23.00.1770			11.08.2022
77		New	5594	Validity:
		CDC	3394	12.01.2028
Nationality	TANZANIAN	Passport no.:	TAE 430331	Validity:
reactionative	TAILLAIN			11.10.2031
Address	SONGEA,RUVUMA	Postal Code (city)41 105	P.O.Box 36	50, SONGEA
E-mail	mehsnyoni@gmail.com	Mobile	+255 62	20393313
Safety shoes	41	OVERAL L	MEI	DIUM
	NEAREST INTERNATIONAL AIRPORT	IS	JULIUS NYERERE INTERNATIONAL AIRPORT.	

EDUCATION BACK GROUND

INSTITUTE	QUALIFICATION	START YEAR	END YEAR	
FISHERIES AND TRAINING AGENCY {FETA}	DIPLOMA IN MASTER FISHERMAN	2017	2020	
THE LORD'S HILL SECONDARY SCHOOL	CERFICATE OF SECONDARY EDUCATION	2013	2016	

CERTIFICATE OF PROFICIENCY

COURSETITLE	DATE OF ISSUE	VALID UNTL	CERTIFICA TE NUMBER	PLACE OF ISSUE
ABLE SEAFARER DECK	18.0 1.20 19	N/A	05273	TASAC DAR ES SALAAM.
ELEMENTARY FIRST	13.10.2022	12.10.2027	03307	TASAC,DAR ES SALAAM
RATING FORMING PART OF NAVIGATIONAL WATCH	18.0 1.20 19	N/A	03163	TASAC DAR ES SALAAM
PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOATS	18.0 1.20 19	17.01.2024	05191	TASAC DAR ES SALAAM
SECURITY AWARENESS TRAINING	22.01.2021	N/A	09087	TASAC DAR ES SALAAM
PERSONAL SURVIVAL	28.10.2022	27.10.2027	0112164	TASAC DAR ES SALAAM
	ABLE SEAFARER DECK ELEMENTARY FIRST AID RATING FORMING PART OF NAVIGATIONAL WATCH PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOATS SECURITY AWARENESS TRAINING PERSONAL	ABLE SEAFARER 18.0 1.20 19 DECK ELEMENTARY FIRST 13.10.2022 AID RATING FORMING 18.0 1.20 19 PART OF NAVIGATIONAL WATCH PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOATS SECURITY AWARENESS TRAINING PERSONAL 28.10.2022	ABLE SEAFARER 18.0 1.20 19 N/A ELEMENTARY FIRST 13. 10.2022 12. 10.2027 RATING FORMING 18.0 1.20 19 N/A PART OF NAVIGATIONAL WATCH PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOATS SECURITY AWARENESS TRAINING PERSONAL 28. 10.2022 27. 10.2027	ABLE SEAFARER 18.0 1.20 19 N/A 05273

	TECHNIQUES				
7	FIRE PREVENTION AND FIRE FIGHTING	22.01.2021	21.01.2026	10472	TASAC DAR ES SALAAM
8	PERSONAL SAFETY AND SOCIAL RESPONSIBILITIES	14.10.2022	13.10.2027	06943	TASAC DAR ES SALAAM
9	HYDROGEN SULPHIDE SAFETY	16.08.2023	N/A	892	TASAC DAR ES SALAAM
10	COMPETENCY FOR SEAFERERS WITH DESIGNATED SECURITY DUTIES	10.11.2021	N/A	A-VI/4-3	DAR ES SALAAM MARITIME INSTITUTE

11	CERTIFICATE OF PROFICIENCY STCW BASIC SAFETY TRAINING (HBST)	01.11.221	02.11.2026	01860	DAR ES SALAAM MARITIME INSTITUTE
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SEA SERVICE RECORDS

SIGNED ON TO SIGNED OFF	VESSEL NAME (GRT / BHP)	VESSELTYPE / ENGINE	FLAG	COMPANY / OPERATION	RANK	AREA
10.09.2017 22.09.2018	MT MOHAMMAD (GRT 4780)	OFFSHORE SUPPLIER	PANAMA	TANZANIA PORT AUTHORITY	os	FG
03.07.2018 11.12.2018	AHTS SAHEB (GRT 1579)	AHTS	ST.VICENT	WHITE JESUS	АВ	FG
10.03.2019 20.12.2019	MV NAJIROM (1700)	AHTS	IRAN	WAVE MARITIME	АВ	FG
10.09.2020 22.06.2021	ALLIANZTOURMAL (GRT4690)	INE AHTS	ST.VINCENT	MARKAL HARBOUR	АВ	FG
11.03.2022 20.06.2022	MT GULFOASIS (GRT 4690)	OFFSHORE SUPPLIER	IRAN	MARINE SERVICES	АВ	FG

Place: Dar Es Salaam

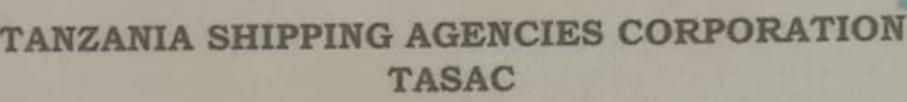
Signature:

Applicant Name: MESHACK THOBIAS NYONI



Date of birth...

THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS AND TRANSPORT





MR. MESHACK THOBIAS NYONI

This is to certify that	
25.06.1996	SONGEA
Date of birthPlace	of birth

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.

> 13.10.2022 12.10.2027 Valid Until

Issued on.

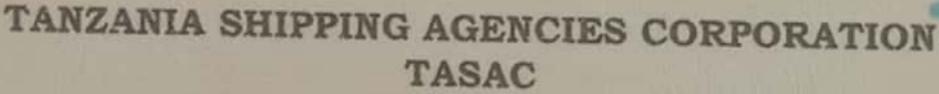
Signature of the Holder



F. E. HARUMI Name and Signature of duly Authorised Officer



THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS AND TRANSPORT





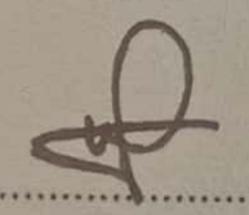
This is to certify th	NR.	MESHACK	THOBIAS	NYONI
	5.06	1996	SONIC	EA.

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.

28.10.2022

27.10.2027

Issued on......Valid Until.



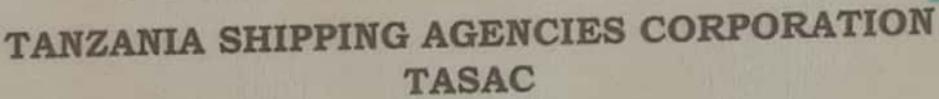
Signature of the Holder



Mame and Signature of duly Authorised Officer



THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS AND TRANSPORT





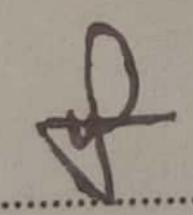
	MR.	MESHACK	THOBIAS	NYONI	
This is to certif	fy that		CONI	~E A	**
Data of hirth	25.06.1	996 Place of	SON(

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.

22.01.2021

21.01.2026

Issued on......Valid Until



Signature of the Holder

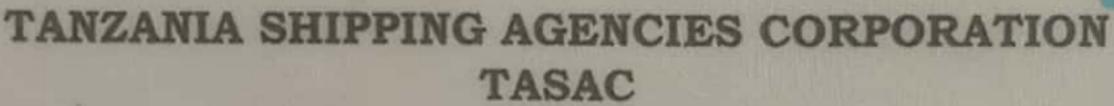


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A. E. E. HARUMI Authorised Officer
Name and Signature of duly Authorised Officer



THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS AND TRANSPORT





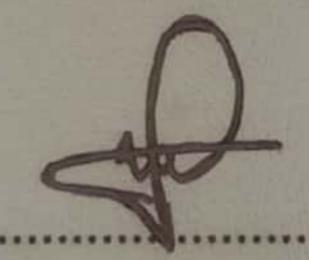
	MR.	MESHACK	THOBIA	S NYONI	
This is to certify that.					
	100			ONICEA	
Date of birth. 25.06	0.19	Place of	of birth	SONGEA	

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.

14.10.2022

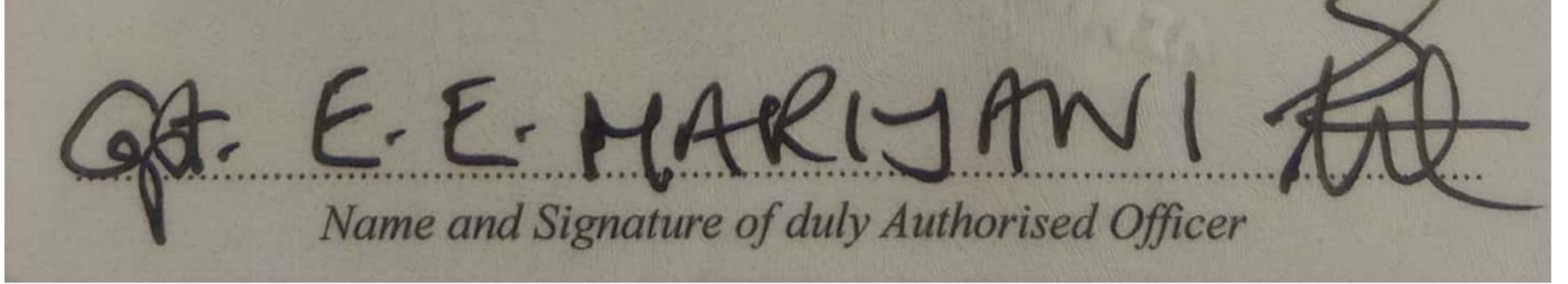
13.10.2027

Issued on......Valid Until.



Signature of the Holder







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



This is to certify that		THOBIAS NYONI	
25.06 Date of birth	. 1996	SONGEA 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].

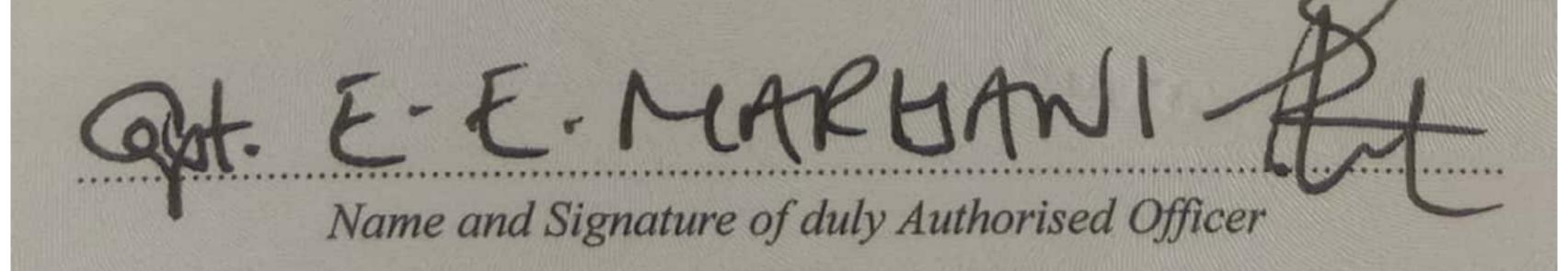
22.01.2021

Issued on.

Signature of the Holder



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



This is to certify that MR. MESHACK THOBIAS NYONI

Date of birth 25.06.1996 Place of birth SONGEA

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].

105

Signature of the Holder



IROGA MASTHON IROGA HAGE

Name and Signature of duly Authorised Officer



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



This is to certify that MR .MESHACK THOBIAS NYONI

Date of birth 25.06.1996 Place of birth SONGEA

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

Issued on 18.01,2019 Valid Until 17.01.2024

Signature of the Holder



IROGA NASHON IROGA HPga

Name and Signature of duly Authorised Officer



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



This is to certify that MR .MESHACK THOBIAS NYONI

Date of birth 25.06. 7996 Place of birth SONGEA

Has successfully completed an approved ABLE SEAFARER DECK course. This Certificate has been issued under Regulation II/5 of the International Convention on the Standard of Training Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

Issued on. 18,01,2019

4

Signature of the Holder



IROGA NASHON IROGA HEGR

Name and Signature of duly Authorised Officer

DAR ES SALAAM MARITIME INSTITUTE (DMI)

Dar es Salaam Maritime Institute (DMI) P.O. BOX 6727 Dar es Salaam Tanzania

Date of Issue



Tel: + 255 22 2133645 Fax: + 255 22 211 2600 Email: dmi83@hotmail.com Website: www.dmi.act.tz

Expiry Date

Registered Government Training Institute Accredited by the Surface and Marine Transport Regulation Authority

Student Number DMI/BST/09/21/059

This	s is to certify that	
MESHACK	THOBIAS N	YONI
Identify document number DB 0338	2	
BASIC SAFETY	TRAINING CER	TIFICATE
In accordance with regulation as per Section A-Y Certification and Watch Keeping for Seafarers 7		
PERSONAL SURVIVAL TECHNIQUES (Table – AVI ELEMENTARY FIRST AID (Table –AVI/1-03) PERSONAL SURVIVAL TECHNIQUES (Table – AVI/1-03) PERSONAL SURVIVAL TECHNIQUES (Table – AVI/1-03)		
From 26/10/2021	to	01/11/2021
- The same of the	M	
Signature of Course Coordinator		Signature of the Candidate
01 st November, 2021		02 nd November, 2026

Certificate of Completion

This certifies that

MESHACK T. NYONI

has successfully completed

Hydrogen Sulfide Awareness Training

And ASC Z390.1, Accepted Practices for Hydrogen Sulfide Safety Training Programs

In Accordance with OSHA Regulations, 29 CFR 1910 and 1926 and ANSI Standard Z390.1

Also Known as H2S Training

This course is approved for 2 Contact Hours (.2 CEUs) of continuing education per the California Department of Public Health for Registered Environmental Health Specialist (REHS) (Accreditation # 044)

Safety Unlimited, Inc., Provider #5660170-2, is accredited by the International Association for Continuing Education and Training (IACET) and is accredited to issue the IACET CEU. As an IACET Accredited Provider, Safety Unlimited, Inc. offers CEUs for its programs that qualify under the ANSI/IACET Standard. Safety Unlimited, Inc. is authorized by IACET to offer 0.2 CEUs for this program.

Julius P. Griggs

Julius P. Griggs

Julius P. Griggs
Instructor #892

23081661486378

Certificate Number

8/16/2023

Issue Date





Scan this code or visit safetyunlimited.com/v to verify certificate.

Annual Refresher Training Required by ANSI Z390.1

2139 Tapo St., Suite 228 Simi Valley, CA 93063 (855) 784-2677 or 805 306-8027 https://www.safetyunlimited.com



DAR ES SALAAM MARITIME INSTITUTE (DMI)

Dar es Salaam Maritime Institute (DMI)
P.O. BOX 6727
Dar es Salaam
Tanzania



Tel: + 255 22 2133645
Fax: + 255 22 211 2600
Email: dmi83@hotmail.com
Website: www.dmi.act.tz

Registered Government Training Institute
Accredited by the Surface and Marine Transport Regulation Authority

Student Number DMI/DSD/14/2021/034

This is to certify that

MESHACK THOBIAS NYONI

Identify document number DB 03382

has successfully completed course in

COMPETENCY FOR SEAFERERS WITH DESIGNATED SECURITY DUTIES

In accordance with the code of surface and marine Transport Regulatory Authority and STCW code 78 as amended in 2010 manila Amendments.

STCW Code A-VI/4-3

From

26/10/2021

to

01/11/2021

Signature of Course Coordinator

Signature of the Candidate

01st November, 2021

02nd November, 2026

Date of Issue

Expiry Date

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



Medical Fitness Certificate
MYONI MESHACK THOBIAS
Last Name / First Names
Sex: Male Female Date of birth (day/month/year
Home address MAHAGURA SONDEA KUVUVA,
Proof of identity: Kind of identity Number
I have evaluated the above named applicant according to the Merchant Shipping (Medical Examination) 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 *Delete as appropriate
The applicant used aids to vision to meet a satisfactory standard YesNo
Date of last colour vision test if not tested at this examination
The applicant used aids to hearing to meet a satisfactory standard Yes Yes Yes
Date of examination ()
Name of Approved Medical Practitioner
Signature of Approved Medical Practitioner
Expiry date of Certificate
I acknowledge that I have been advised on the content of the medical examination form. Dr. Charles K. Otito, MD, MMED
Applicant's signature
The original of this Certificate is be given to the applicant. A MAY WING BOUSE MEASAC. The Approved Medical Practitioner may retain a copy. General Physician Aviation Medical Examiner (AME) Sentitive FASAC. The Approved Medical Original of this Certificate is be given to the applicant. A MAY WING BOUSE Medical Services (TASAC) Original of this Certificate is be given to the applicant. A MAY WING BOUSE MEDICAL TO SENTING THE Approved Medical Original of this Certificate is be given to the applicant. A MAY WING BOUSE MEDICAL THE Approved Medical Original of this Certificate is be given to the applicant. A MAY WING BOUSE MEDICAL THE Approved Medical Original of this Certificate is be given to the applicant. A MAY WING BOUSE MEDICAL THE Approved Medical Original of this Certificate is be given to the applicant. A MAY WING BOUSE MEDICAL THE Approved Medical Original of this Certificate is be given to the applicant. A MAY WING BOUSE MEDICAL THE Approved Medical
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.

All particulars to be in BLOCK CAPITALS

PERSONAL DESCRIPTION

Surname Other names: MESHACK THOBIAS

Birth (a) Date 25.06.1996 (b) Place SONGEA Complexion Distinguishing Marks (if any) Nationality Home address E-mail: Name, Relationship & Address of next of kin LA

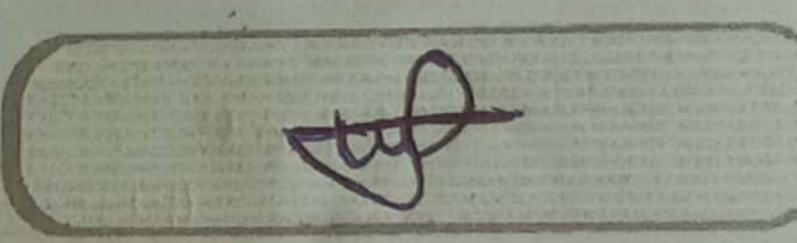
003415

PHOTOGRAPH OF SEAFARER

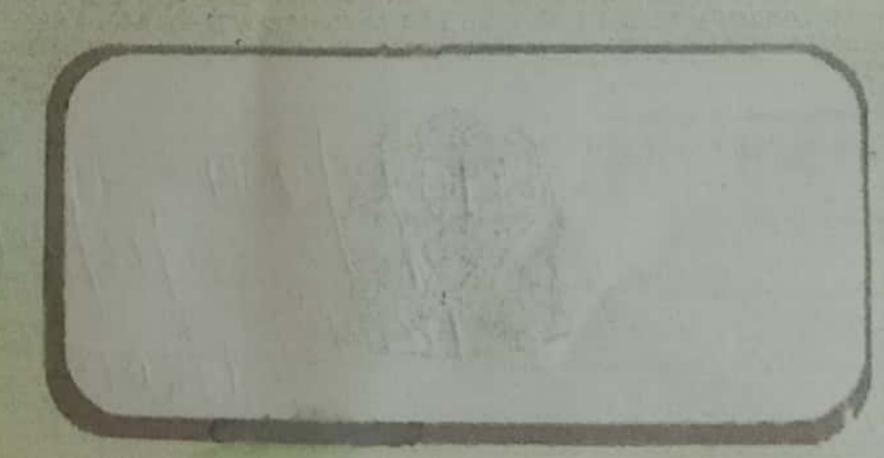


Registrar's Embossing Stamp

SIGNATURE OF SEAFARER



LEFT THUMB PRINT (AND SIGNATURE OF A WITNESS IF SEAFARER CANNOT WRITE HIS /HER NAME):



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No.	Name of ship and official number and tonnage	Date an	William Co.	*Rating
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The state of the s				

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

003115

6

CERTIFICATE OF DISCHARGE

Compiled from Lists of Crew and official Log Books or from other Official Records and copy of Report of Character if desired by the Seafarer

Official Rec	Ortis and copy	AMERICAN STREET, STREE	
Description of Voyage	For ability	For General Conduct	Signature of (1) Master and of (2) Officer and Official Stamp
- 1	Mach	1/2 A	MAMA
<u>-41</u>	1 4000	14000	To I I V
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CERTIFICATE OF DISCHARGE

Compiled from Lists of Crew and official Log Books or from other

CERTIFICATE OF DISCHARGE

Compiled from Lists of Crew and official Log Books or from other Official Records and convocED mont accord

Official Records and copy of Report of Character if desired by the Seafarer	Compiled from Lists of Crew and official Log Books of the Seafarer Official Records and copy of Report of Character if desired by the Seafarer
No. Name of ship and official Date and place *Rating	Description Copy of report of Character Signature of (1) Master and of Official Samp For ability Copduct Copduct
IMO. No. : 8655743	Vessel Name: Allian: Tourmaline
Official No.: 12191 Call, Sign: J8B5718	Official (191) Cell Sign. J885718 .
lag: ST.VERT AND THE GRENADINES!	Fleg: ST. VINCENT AND THE GRENADINES
GULF COLLEGE	5 (1)
* IMO NO. 84 9051 + 11-3.2022 AB	GULF O
NRT 2344 5 GULF 20-6-2022	Fa V Good V Specif - Hilly:
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6	6 MANIZURBARE
	(2)
* These columns are to be filled at the time of engagement.	Gross Tonnage of ship.

CDC 5594

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

THIS BOOK IS NOT A PASSPORT AND IT IS ISSUED WITHOUT PREJUDICE TO AND IN NO WAY AFFECTS
THE NATIONAL STATUS OF THE HOLDER.

THE SPECIAL QUALIFICATION CERTIFICATES ENTERED WITHIN THIS BOOK ARE ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE INTERNATIONAL CONVENTION ON THE STANDARDS OF TRAINING, CERTIFICATION AND WATCHKEEPING, 1978 AS AMENDED AND OTHER RELEVANT CONVENTIONS RATIFIED BY THE UNITED REPUBLIC OF TANZANIA



UNITED REPUBLIC OF TANZANIA TANZANIA SHIPPING AGENCIES CORPORATION (TASAC)

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

MESHACK THOBIAS NYON!

Under the provision of section 117
of the Merchant Shipping Act, CAP 165 and the Merchant
Shipping (Continuous Discharge Certificate) Regulations,
GN .No 230 published on 22/04/2022

Signature of Issuing Officer

Designation of Issuing Officer

REGISTRAR OF SEAFA

TANZANIA

THIS BOOK CONTAINS 32 NUMBERED PAGER
EXCLUSIVE OF COVERS

PAGE 1

DATE OF BIRTH

GENDER

PHOTOGRAPH OF SEAFARER



SIGNATURE OF SEAFARER

Scanned with CamScanner



JAMHURI YA MUUNGANO WA TANZANIA-UNITED REPUBLIC OF TANZANIA-RÉPUBLIQUE-UNIE DE TANZANIE

PASIPOTI/PASSPORT/PASSEPORT

Aina/Type/Type

Nchi/Country/Pays

Namba ya Pasipoti/Passport No/No. Passeport

TAE430331

TZA Jina la ukoo/Surname/Nom

NYONI

Jina/Given Names/Prénoms

MESHACK THOBIAS Utaifa/Nationality/Nationalité

TANZANIAN

Tarehe ya kuzaliwa/Date of birth/Date de Naissance

Jinsia/Sex/Sexe

Mahali pa kuzaliwa/Place of birth/Lieu de Naissance

SONGEA

Tarehe ya kutolewa/Date of issue/Date de Délivrance

12 OCT 21

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

11 OCT 31

Mamlaka iliyotoa/Issuing Authority/Autorité de Délivrance

PCO, DAR ES SALAAM

Sahihi ya mwenye pasipoti/Signature/Signature



P<TZANYONI<<MESHACK<THOBIAS<<<<<<<< TAE4303315TZA9606254M3110119<<<<<<<<

UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH

CERTIFICATE OF COVID-19 VACCINATION

Meshack Thobias Nyoni Full Name	IVD00025657169 Ref Number
TAE430331	Jun 25, 1996
ID Number	Date of Birth

Vaccine Na me	Batch Numb er	Doses Admi nistered	Date of Vaccination	Center of Vaccination
Pfizer-BioNT ech	P0001324	1st Dose	Aug 15, 2022	KIGAMBONI Health Center
Pfizer-BioNT ech	P0001324	2nd Dose	Sep 5, 2022	KIGAMBONI Health Center

Scan to validate



Blinakuby

ISSUED BY: Prof. Abel Makubi

Permanent Secretary

INTERNATIONAL CERTIFICATE* OF VACCINATION OR PROPHYLAXIS

This is to certify that [name]
date of birth 28 Jun 1996 M
nationality TANZANAN
national identification document, if applicable
whose signature follows
has on the date indicated been vaccinated or received prophylaxis against: (name of disease or condition)
JEWOW FEVER

in accordance with the International Health Regulations.

Vaccine or prophylaxis Vaccin ou agent prophylactique	Date Date	Signature and professional status of supervising clinician	
		Signature et titre du clinicien responsable	
I Jellow FEVER	-7002	CHANA TANK	
2.		ATION STORY	
3.		ACCIN PACIN	

^{*} 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 batch no. of vaccine or prophylaxis Fabricant du vaccin ou de l'agent prophylactique et numéro du lot	Certificate valid from: until: Certificat valable à partir du : jusqu'au :	Official stamp of the administering centre Cachet officiel du centre habilité
	SANOFI	UNTIL	
16	PASTEUR	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	
	1/3 203	LIFE	

^{*} Voir les conditions de validité à la page 3.