

CURRICULUMVITAE OF MR. PAUL JOSEPH CHUWA

Names	:	PAUL JOSEPH CHUWA
Rank	:	AB
Place/Date of Birth	:	KINONDONI\23\12\2003
Address	:	Daressalaam
Mobile Phone/Home	:	+255713406379
Email	:	Pauljoseph@gmail.com
Nationality	:	Tanzanian
Marital Status	:	SINGLE
Professional Education	:	SEAMAN
Height/Weight	:	182CM/ 72kg
Shoe size	:	40
Overall Size	:	Medium



Next of Kin/Emergency Contact		
Name	:	ASIA MOHAMUUDO MSOLOGONE
Permanent Address	:	DARESSALAAM
Phone/Home	:	+255719038179
Relation	:	MOTHER

Travel Document	Nuber	Authority /Government	Issued Date	Expire Date
Passport	TAE761860	PCO-Dares salaam	26\7\2024	16/03/2030
Seamen Book(New)	CDC6673	TASAC-Tanzania	29\11\2023	28\11\2028
Seaman book (old)	DB3273	SUMATRA - Tanzania	20/1/2019	19/1/2023
CERTIFICATE INTERNATIONAL VACCINATION(YELLOW FEVER)	386897	DAR ES SALAAM	3/2/2025	FOR LIFE
COVID 19 VACCINATION	D00026081951	DAR ES SALAAM	15/10/2024	N/A

Certificate of STCW 78/2010	Number	Authority /Government	Issued Date	Expire Date
Personal Survival Technique	13256	Tasac-Tanzania	4\08\2023	3\8\2028
Fire Prevention and Fire Fighting	12458	Tasac-Tanzania	11\8\2023	10\8\2028
Personal Safety and Social Responsibility	13152	Tasac-Tanzania	21\7\2023	20\7\2028
Designated Security Duties	NIL	Tasac-Tanzania	28/06/2020	NIL
Security Awareness Training	10688	Tasac-Tanzania	11\8\2028	NIL
Proficiency in Survival Craft and Rescue Boats	05599	Tasac-Tanzania	22/11/2024	22/11/2029
Rating Forming Part of a Navigation watch	07095	Tasac-Tanzania	06/12/2024	NIL
Elementary First Aid	05299	Tasac-Tanzania	21\7\2023	20\7\2028
Hydrogen Sulphide Safety	NIL	DMI	7/2/2025	6/2/2027
Basic Safety Training Certificate	NIL	DIM	NIL	NIL
Able seafarer deck	07949	Tasac-Tanzania	11/8/2023	NIL
Seafarer designated security duties	01291	Tasac-Tanzania	11/8/2023	NIL

1. SEA SERVICES AS RECORDED IN SEMAN BOOK

R/V VESSEL NAME	VESSEL TYPE	GTR	PERIOD SERVICE FROM TO		RANK	TRADING AREA
MATAANN	TUG	118GRT	18/2/2018	25/3/2019	AB	FOREIGN
MV ALLIANZ FORCE	AHTS	13330 GTR	4/5/2019	20/8/2020	AB	FOREIGN
MT GULFOASIS	AHTS	4690 GTR	10/2/2021	22/12/2022	AB	FOREIGN
MV VICTORIA	CARGO/PASSENGER	1599GTR	2/2/2024	5/7/2024	AB	INLAND WATER
SEA STAR	CARGO/PASSENGER	1482GTR	17/7/2024	17/10/2024	AB	INDIAN OCEAN



PSCRB

No. 07095



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



ISO 9001:2015 CERTIFIED

MR. PAUL JOSEPH CHUWA

This is to certify that.....

23.12.2003

KINONDONI

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

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 22.11.2024 Valid Until 21.11.2029

.....
Signature of the Holder



LAMECK SINDO 

Name and Signature of duly Authorised Officer



RFPNW

No. 05599



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



ISO 9001:2015 CERTIFIED

MR. PAUL JOSEPH CHUWA
This is to certify that.....

Date of birth.....23.12.2003.....Place of birth.....KINONDONI.....

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].

Issued on.....06.12.2024.....

.....
Signature of the Holder



.....
LAMECK SONDO SD

Name and Signature of duly Authorised Officer

FPFF

No. 12458



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



MR. PAUL JOSEPH CHUWA

This is to certify that.....

23.12.2003

KINONDONI

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

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.

11.08.2023

10.08.2028

Issued on.....Valid Until.....

P. J. Chuwa

Signature of the Holder



LAMECK

SONDO

[Signature]

Name and Signature of duly Authorised Officer



PSSK

No. 13152



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



MR. PAUL JOSEPH CHUWA

This is to certify that.....

23.12.2003

KINONDONI

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

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.

21.07.2023

20.07.2028

Issued on.....Valid Until.....

P. J. Chuwa

Signature of the Holder



LAMECK

SONDO

Name and Signature of duly Authorised Officer

PST

No. 13256



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



MR. PAUL JOSEPH CHUWA

This is to certify that.....

23.12.2003

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

KINONDONI

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.

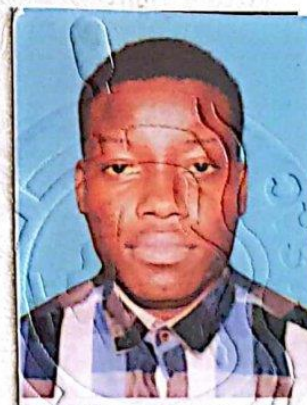
04.08.2023

03.08.2028

Issued on.....Valid Until.....

P. J. Chuwa.

Signature of the Holder



LAMECK SONDO DR

Name and Signature of duly Authorised Officer

SAT

No. 10688



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



This is to certify that **MR. PAUL JOSEPH CHUWA**
23.12.2003 **KINONDONI**
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].

11.08.2023
Issued on.....

P. J. Chuwa
.....
Signature of the Holder



LAMECK SONDO

Name and Signature of duly Authorised Officer

EFA

No. 05299



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



MR. PAUL JOSEPH CHUWA

This is to certify that.....

23.12.2003

KINONDONI

Date of birth.....Place 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.

21.07.2023

20.07.2028

Issued on.....Valid Until.....

P. J. Chuwa

Signature of the Holder



LAMECK

SOMDO

Name and Signature of duly Authorised Officer

ASD

No. 07949



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



This is to certify that MR. PAUL JOSEPH CHUWA

Date of birth 23.12.2003 Place of birth KINONDONI

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

Issued on 11.08.2023

P. J. Chuwa

Signature of the Holder



LAMECK SONDO

SA

Name and Signature of duly Authorised Officer

SDSD

No. 01291



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



This is to certify that MR. PAUL JOSEPH CHUWA

Date of birth 23.12.2003 Place of birth KINONDONI

Has successfully completed an approved **SEAFARER DESIGNATED SECURITY DUTIES** course. This certificate has been issued under Regulation **VI/6.2** of the International Convention on the Standards of Training Certification and Watch keeping for Seafarers (STCW), 1978 as amended [2010].

Issued on 11.08.2023

P. J. Chuwa

Signature of the Holder



LAMECK SONDO SA

Name and Signature of duly Authorised Officer

DAR ES SALAAM MARITIME INSTITUTE (DMI)

Dar es Salaam Maritime Institute (DMI)
P.O. Box 6728
Dar es Salaam
Tanzania DME No: 4354772



Tel: + 255 22 2730943
Fax: + 255 22 271 2810
Email: dmis@dmis.ac.tz
Website: www.dmis.ac.tz

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

Student Number DMI/HSS/07/02/025

This is certify that



PAUL JOSEPH CHUWA

Holder of CDC 6673 and Passport No TAE: 761860 Has Successfully
Completed a training course for

HYDROGEN SULPHIDE SAFETY

This course covers the following topics

- Introduction: Hazards & Characteristics
- Method of Detection (Old & New) precaution location safety & protection
- (a) Modern way to reduce concentration of H₂S on the drill floor
- Function of CME, SCBA and various protective Equipments
- Contingency Plans
- Response: procedure, procedure form, Marks, sign
- First Aid, Responsibility (Employers, workers)


Signature of Course
Coordinator

Signature of the Candidate

05th February, 2025
Date of Issue

05th February, 2027
Expire Date

BOOK

ISSUED TO:

SURNAME

OTHER NAMES

CHUWA

PAUL JOSEPH

DATE OF BIRTH

23.12.2003

PLACE OF BIRTH

KINONDONI

COLOUR OF EYES

BLACK

HEIGHT

182 CM

WEIGHT

73 KG

GENDER

M

COLOUR OF HAIR

BLACK

DATE OF EXPIRY

28.11.2028

DISTINGUISHING MARKS

NIL

DATE OF ISSUE

29.11.2023

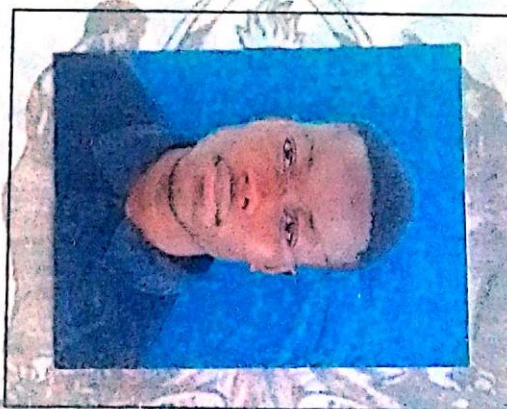
PLACE OF ISSUE

TASAC HQ-DARESSALAAM

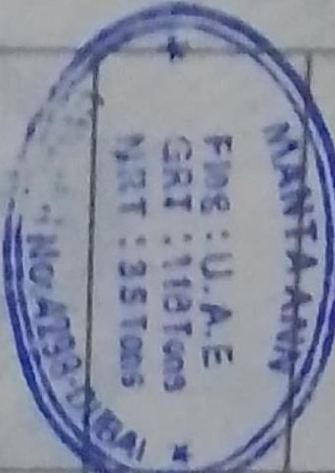
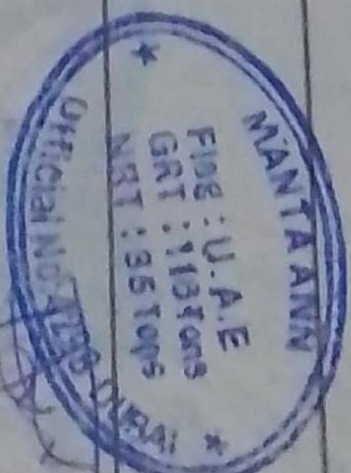
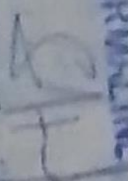
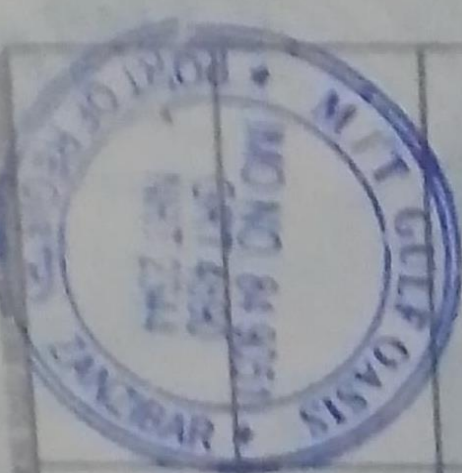
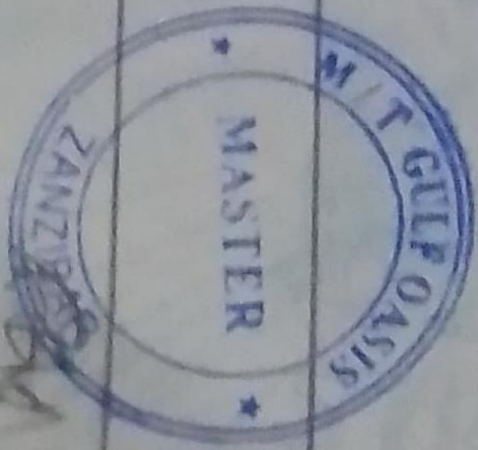
PAGE 2

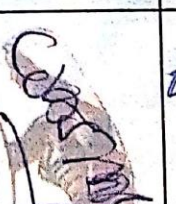
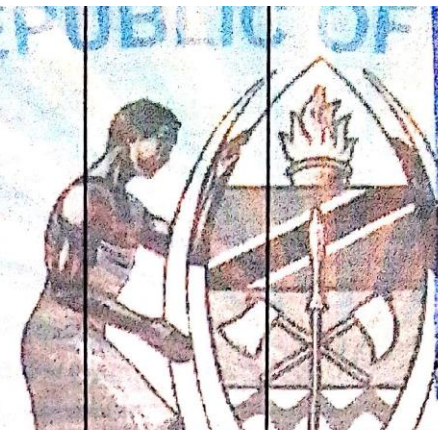
SIGNATURE OF SEAFARER

P. J. Chuwa.



PHOTOGRAPH OF SEAFARER

NAME OF VESSEL OFFICIAL NO GROSS TONNAGE OR HORSEPOWER	DATE AND PLACE OF		GRADE/ RANK	DESCRIP TION OF VOYAGE	SIGNATURE OF MASTER	COMPANY STAMP OR SEAL
	ENGAGEMENT	DISCHARGE				
 MANITA ANN FINE: U.A.E GRT: 118 tons NRT: 351006 Official No. 4198-016A	2/02/2012	25/03/2012	AB	OFFSHORE	 MANITA ANN FINE: U.A.E GRT: 118 tons NRT: 351006 Official No. 4198-016A	
NAV. ALLIANZ FORCE FLAG: IPALAU P.O.R. MALAWALIBOR GRT: 1330/333 TMS: 9540483 BHP/KW: 5009/7757W	02/05/2011	23/02/2012	HS	OFFSHORE	ALLIANZ TOURMALINE MASTER: 	
 ZANZIBAR PORT OF REGISTRY MANO NO. 84 9751 GRT: 1530 NRT: 2741	10/02/2012	22/12/2012	AB	OFFSHORE	 ZANZIBAR PORT OF REGISTRY MANO NO. 84 9751 GRT: 1530 NRT: 2741 MASTER: 	

VESSEL OFFICIAL NO. GROSS TONNAGE OR HORSEPOWER*	DATE AND PLACE OF		GRADE/ RANK	DESCRIP TION OF VOYAGE	SIGNATURE OF MASTER / COMPANY STAMP OR SEAL
	ENGAGEMENT	DISCHARGE			
MV. VICTORIA D2ND, M2/R016 GRT 1599	17/07/24 Tegemeo 2024	05th, Tegemeo 2024	OS	INLAND WATER	
ET 485 GRT 10 GRT 10	17/07/24 Tegemeo 2024	05th, Tegemeo 2024	DECK GRADE 1		
		TASAC			TASAC

INTERNATIONAL CERTIFICATE* OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] PAUL JOSEPH
 date of birth 23 DEC 2003 sex MALE
 nationality TANZANIAN
 national identification document, if applicable
 whose signature follows P. J. Chus
 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 Vaccin ou agent prophylactique	Date Date	Signature and professional status of supervising clinician Signature et titre du clinicien responsable
1. <u>YELLOW FEVER</u>	<u>03 FEB 2025</u>	ISSUING OFFICER IN CHARGE VACCINATION CENTRE DAR ES SALAAM 
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 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
<u>SANOFI</u>	<u>UNTIL</u>	
<u>PASTEUR</u>	<u>FOR</u>	
<u>W3EPIV</u>	<u>LIFE</u>	

* Voir les conditions de validité à la page 3.

UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH

CERTIFICATE OF COVID-19 VACCINATION

Paul Joseph Chuwa
Full Name

IVD00026081951
Ref Number

TAE761860
ID Number

Dec 23, 2003
Date of Birth

Vaccine Name	Batch Number	Doses Administered	Date of Vaccination	Center of Vaccination
Janssen	215H21A	☒ 1st Dose	Oct 15, 2024	MNAZI MMOJA District Hospital

Scan to validate



ISSUED BY : Dr. John Anthony Jingu

Permanent Secretary

Please keep this card, it contains important information regarding the COVID-19 vaccine you have received

VISA / VISAS

URT

P

TZA

TAE761860

Jina la ukee/Surname/Nam

CHUWA

Line/Given Names/Prenoms

PAUL JOSEPH

Uta fa/Nationality/Nationalité

TANZANIAN

Tarehe ya kuzaliwa/Date of birth/Date de Naissance

23 DEC 2003

Jinsia/Sex/Sexe

Mahali pa kuzaliwa/Place of birth/Lieu de Naissance

M

KINONDONI

Date ya kutolewa/Date of issue/Date de Délivrance

Mamlaka iliyotea/Issuing Authority/Autorité de Délivrance

26 JUL 24

PCO, DAR ES SALAAM

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

Sahihi ya mwenye pasipoti/Signature/Signature

25 JUL 34

P. J. Chua

P<TZACHUWA<<PAUL<JOSEPH<<<<<<<<<<<<<<<<<<<

TAE7618609TZA0312233M3407253<<<<<<<<<<<<00



EDEN MEDICAL CLINIC

MAVUNO HOUSE, AZIKIWE ROAD
P.O. BOX 65202, TEL. 0713-321426
DAR ES SALAAM

Seafarers Laboratory Investigation Form

Name: PAUL JOSEPH CHUWA Age: 19 Sex: M M/F
Card No: OPD0019 Requested by: DR OTITO
Diagnosis: NONE Specimen: Blu

Clinical Finding:-

INVESTIGATION REQUESTED

✓ Random blood glucose: <u>4.2mmol</u>	Urinalysis/ Urine
Fasting blood glucose:	Urobilinogen: <u>Normal</u>
✓ HB Level: <u>15.4g/dl</u>	Glucose: <u>Neg</u>
✓ ABO Blood Grouping: <u>A Rh+ve</u>	Bilirubin: <u>Neg</u>
✓ HIV Test: <u>NEGATIVE</u>	Ketones: <u>Neg</u>
UPT:	S.Gravity: <u>1.030</u>
WEIGHT: <u>73kg</u>	Blood: <u>Neg</u>
HEIGHT: <u>182cm</u>	Protein: <u>Neg</u>
Visual Acuity (VISION)	PH: <u>6.0</u>
Speech/HEARING & Balance:	Nitrate: <u>Neg</u>
Blood Pressure: <u>124/76mmHg</u>	Leukocytes: <u>Neg</u>
Pulse Rate: <u>70/min</u>	MACR: <u>Yellowish colour stain</u>
Chest X-Ray-PA	MICR: <u>NH</u>
ECG: ElectroCardiogram	

Date: 14/09/2023 TO LABORATORY/EXRAY/ECG ECHO/...
DR. Name & Signature: Dr. Charles K. Otito

NB: REPORT OVERLEAF





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



Medical Fitness Certificate

Name CHUWA PAUL JOSEPH
Last Name First Names Middle Name
Gender: Male ☒ Female ☐ Date of birth (day/month/year) 23.12.2003
Nationality TANZANIAN
Home address KINZUDI UBUNGO DARESSALAAM
Proof of identity: Kind of identity NATIONAL ID Number 2003122361105-00001-29
(e.g., National ID, CDC, Driver's License, Passport)

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

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 _____

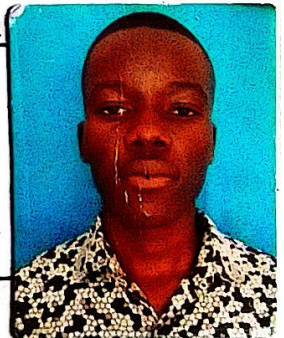
The applicant used aids to hearing to meet a satisfactory standard _____ Yes _____ ☒ No

Date of examination 14.09.2023 Place of examination DARESSALAAM
(Day/month/year)

Name of Approved Medical Practitioner DR CHARLES K. OTITO
Official Stamp

Signature of Approved Medical Practitioner [Signature]

Expiry date of Certificate 13.09.2025
(day/month/year)



I acknowledge that I have been advised on the content of the medical certificate by the medical practitioner.
Applicant's signature P. J. Chao
EDEN MEDICAL CLINIC
Dr. Charles K. Otito, MD, MMED
Community Health Consultant
P.O. Box 65202, Dar es Salaam
MAYUNGU HOUSE, AZIKIWE STREET

The original of this Certificate is given to the applicant. A copy is provided to the Approved Medical Practitioner who 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.