

CURRICULUM VITAE

Last Name	Mselemu
Other Names	Bahati Rashidi
Marital Status	Married
Place of birth	Kwale
Date of birth	07 Oct, 1998
Address	4- 80403 Kwale
Mobile phone/home	+254740 497 424
Email	rashidmleo@gmail.com
Nationality	Kenyan
Religion	Muslim
Gender	Male
Occupation	Welder
Language	English, Kiswahili
Next of kin	Mwanaisha Salimu Kombo
Relation	Wife
Phone	0746 904 677

Travel Document	Number	Authority/ Government	Issued date	Expiry Date
Passport	BK414908	Kenya	11 th Oct, 2022	10 th Oct, 2032
Seaman Book	0013150	Kenya	28 th Aug, 2024	27 th Aug, 2029
Seafarer Medical Certificate	FC05Re.01/23	Kenya	2 nd Aug, 2024	1 st Aug, 2026
Vaccination card	207375	Kenya	6 th Aug, 2024	

STCW 2010 MANDATORY COURSES

Course Title	Number	Authority/ Government	Issued date	Expiry date
Personal survival techniques	BST10649	KMA - Kenya	20 th August 2024	15 August 2029
Fire prevention and fire fighting	BST10649	KMA - Kenya	20 th August 2024	15 August 2029
Elementary first aid	BST10649	KMA - Kenya	20 th August 2024	N/A
Personal safety and social responsibility	BST10649	KMA - Kenya	20 th August 2024	N/A
Security Awareness Training for seafarers	SAT 10656	KMA - Kenya	20 th August 2024	

EDUCATION BACKGROUND

2015 - 2018	LUNGA LUNGA MIXED DAY SECONDARY SCHOOL
AUGUST 2024	BANDARI MARITIME ACADEMY

REFEREES

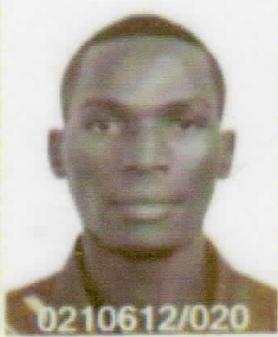
NAME	Kabeo Baya
OCCUPATION	Seafarer
TEL	+254796 872 979

The Kenya National Examinations Council



KENYA CERTIFICATE OF SECONDARY EDUCATION

This is to certify that the candidate named below sat for the Kenya Certificate of Secondary Education examination in the subjects shown and attained the grades indicated.



0210612/020



THE CANDIDATE ATTAINED THE GRADE SHOWN IN THE SUBJECTS NAMED

NAME: BAHATI RASHIDI MSELEMU
LUNGA LUNGA MIXED DAY SECONDARY SCHOOL

M1 0210612/020

SUBJECT	GRADE
101 ENGLISH	D- (MINUS)
102 KISWAHILI	D+ (PLUS)
121 MATHEMATICS	D- (MINUS)
231 BIOLOGY	D- (MINUS)
233 CHEMISTRY	D- (MINUS)
311 HISTORY AND GOVERNMENT	D (PLAIN)
314 ISLAMIC RELIGIOUS EDUCATION	D- (MINUS)

SUBJECTS NAMED SEVEN MEAN GRADE D (PLAIN)

EXAMINATION OF YEAR 2018

PRINTED :110819:13111679



M. Mselemu
Chief Executive Officer
Kenya National Examinations Council

S. Mselemu
Chairman
Kenya National Examinations Council

This is a secure document printed using special paper and inks.
Please hold it up to the UV light to verify that the
word BARAZA LA MITIHANI and the "ORIGINAL"
embossed thread can be seen through the paper.
Not valid without a hologram.

KCSE/18 125918



TT3/WF/20/0026312



GOVERNMENT OF KENYA

NATIONAL INDUSTRIAL TRAINING AUTHORITY NATIONAL TRADE TEST CERTIFICATE GRADE III

This is to certify that **BAHATI RASHIDI MSELEMU**
Whose photograph appears on this certificate has passed a
WELDING AND FABRICATION Grade III Trade Test.
Tested at MOMBASA INDUSTRIAL TRAINING CENTRE testing centre,
NOVEMBER 2020
Registration No. 201200021632



Trade Testing Officer



Director General - NITA

NITA
National Industrial Training Authority
Kenya



No. 0030059

REPUBLIC OF KENYA

KENYA MARITIME AUTHORITY

Merchant Shipping (Training and Certification) Regulations 2016

Certificate of Proficiency

SECURITY AWARENESS TRAINING FOR SEAFARERS

The Government of the Republic of Kenya certifies that;

Name **BAHATI RASHIDI MUSELEMU**

Passport/ Id. No **35356332**

Country of Birth **KENYA**

Date of Birth **07 OCTOBER 1998**

Signature of holder



Has been found duly qualified in accordance with the provisions of

Regulation VI/6 para. 1

of the International Convention on Standards of Training, Certification and Watch keeping for Seafarers, 1978, as amended and has also met the criteria applicable to the issue of this certificate.

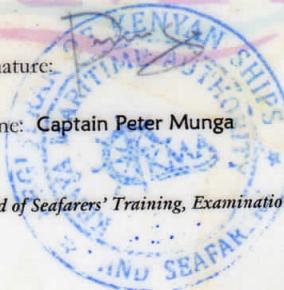
Date of issue: **23 AUGUST 2024**

Signature:

Name: **Captain Peter Munga**

Certificate No: **SAT 10656**

Head of Seafarers' Training, Examination and Certification



This certificate must be kept available in its original form on board the ship on which the holder is serving in accordance with Regulation 1/2 paragraph 11 of STCW, 1978 as amended.

Any person other than the holder who may come into possession of this document is kindly requested to send it to Kenya Maritime Authority, P.O Box 95076-80104 Mombasa, Kenya. The authenticity of this document may be verified at the website address: www.kma.go.ke or by making an inquiry to the above address.

No. 0030058



REPUBLIC OF KENYA

KENYA MARITIME AUTHORITY

Merchant Shipping (Training and Certification) Regulations 2016

Certificate of Proficiency

BASIC SAFETY TRAINING FOR SEAFARERS

The Government of the Republic of Kenya certifies that,

Name **BAHATI RASHIDI MSELEMU**

Passport/ Id. No **35356332**

Country of Birth **KENYA**

Date of Birth **07 OCTOBER 1998**

Signature of holder



has been found duly qualified in

Training	STCW Code	Date of Expiry
Personal Survival Techniques	Table A-VI/1-1	15 August 2029
Fire Prevention and Fire Fighting	Table A-VI/1-2	15 August 2029
Elementary First Aid	Table A-VI/1-3	N/A
Personal Safety and Social Responsibility	Table A-VI/1-4	N/A

conducted in accordance with the provisions of **Regulation VI/1** of the International Convention on Standards of Training, Certification and Watch keeping for Seafarers, 1978, as amended and has also met the criteria applicable to the issue of this certificate.

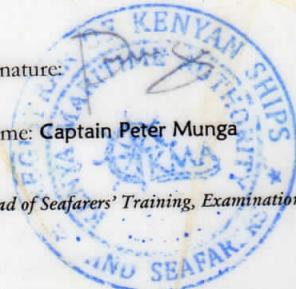
Date of issue: **20 AUGUST 2024**

Signature:

Name: **Captain Peter Munga**

Head of Seafarers' Training, Examination and Certification

Certificate No: **BST 10649**



This certificate must be kept available in its original form on board the ship on which the holder is serving in accordance with Regulation I/2 paragraph 11 of STCW, 1978 as amended.

Any person other than the holder who may come into possession of this document is kindly requested to send it to Kenya Maritime Authority, P.O Box 95076-80104 Mombasa, Kenya. The authenticity of this document may be verified at the website address: www.kma.go.ke or by making an inquiry to the above address.

REPUBLIC OF KENYA
KENYA MARITIME AUTHORITY

SEAFARER MEDICAL CERTIFICATE

Issued under Regulation 6 of the Merchant Shipping (Seafarer Medical Examination and Certification) Regulations, 2016

Certificate No. M- 01789

SEAFARER INFORMATION

Last name: MSE LEMU	First name: BAHATI	Middle name(s): RASHIDI
Nationality: KENYAN	Passport No: 35356332	Date of Birth: 07-10-1998 Discharge book No:
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Rank/Job:	Department:

This is to certify that above named seafarer has been examined in accordance with the Seafarers' medical fitness standards and certification requirements established in accordance with the provisions of regulation I/9 of the STCW Convention, 1978 as amended, and regulation 1.2, Maritime Labour Convention, 2006 as amended and found to be fit for sea service, subject to any limitations indicated

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER

	Yes	No
1. Confirmation that identification documents were checked at the point of examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Hearing meets the standards in STCW Code Section A-I/9? Date of test (dd/mm/yyyy): 02-08-2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Unaided hearing satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Visual acuity meets standards in section A-I/9? Visual aids (if worn) Spectacles: <input type="checkbox"/> Contact lenses: <input type="checkbox"/> None: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Colour vision meets standards in section A-I/9? Date of last color vision test: 02-08-2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Fit for look-out duties? (Deck and Engine Dept. only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Limitations or restrictions on fitness?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes", specify limitations or restrictions:

Examination form No:

M/A

8. 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 on board?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Date of Issue 02-08-2024	Date of Expiry* 01-08-2026
RECOGNIZED MEDICAL PRACTITIONER Sign: <u>AKARUME M.O. mmed (UON)</u> Name (print): <u>Medical Practitioner</u> Name (print): <u>P.O Box 97921-80112, MOMBASA</u> Place of examination: <u>Mab 0722-682739/0783 516 371</u> Email: <u>karume.michael@yahoo.com</u> Seal/Stamp: _____	
REGISTRAR OF KENYAN SEAFARERS Sign: <u>P. O. BOX 97921-80112</u> Name (print): <u>REGISTRAR OF KENYAN SHIPS & SEAFARERS</u> Name (print): <u>PEPEZ M. MIRIA</u> Place of issue: <u>MOMBASA</u> Place of issue: <u>02 AUG 2024</u> Seal/Stamp: <u>P. O. BOX 97921-80112</u> <u>MOMBASA, KENYA</u>	

Seafarer's declaration: I hereby confirm that I have been informed about the content of this certificate and my right to appeal in accordance with the Merchant Shipping (Seafarer Medical Examination and Certification) Regulations, 2016.

Signature of the seafarer: BAHATI

*Valid for a maximum period of two years unless the seafarer is under the age of 18, in which case the maximum period of validity shall be one year.

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

Requirements for validity

This is to certify that (name) **BAHATI R. MSELEMU**Date of birth **07 OCT 1998** Sex **M**Nationality **KENYAN**

National identification document, if applicable

whose signature follows

has on the date indicated been vaccinated or received prophylaxis
against: (name of disease or condition)**yellow FEVER**

in accordance with the International Health Regulation.

Vaccine or prophylaxis Vaccin ou agent prophylactique	Date Date	Signature and professional status of supervising clinician Signature et titre du clinicien supervisant
STAMARIL	06/14	<i>Port Health Officer Mombasa Kenya</i>
2.	BUG	
3.	2024	

* Requirements for validity of certificate on page 2

CERTIFICATE* INTERNATIONAL DE VACCINATION OU DEPROPHYLAXIS

Nous certifions que (nom)

ne(e) le De sexe

et de nationalité.....

document d'identification national, le cas échéant.....

donn la signature suit

a été vaccine(e) ou a reçu des agents prophylactiques a la in date
indiquée contre: (non de la maladie on 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
✓31211	To 02	

* Voir les conditions de validité à la page 3

PERSONAL DETAILS



Surname: MSELEMU

Other name(s): BAHATI RASHIDI

Nationality: KENYAN Place of Birth (County): KWALE

Date of Birth: 07 OCTOBER 1998

Height (Mtrs): 1.71 Gender: MALE

ID/Passport no: 35356332 CDC No: 13150

Next of Kin: Name: MWANAISHA SALIMU

KOMBO

Relationship: WIFE

Address/ Contact details: 0746904677

Date of Issue: 28 AUGUST 2024

Date of Expiry: 27 AUGUST 2029

Signature of holder: 

Signature of
Registrar of Seafarers:



Issued by Kenya Maritime Authority

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CDC No.
0013150

DESCRIPTION / MAELEZO / DESCRIPTION

Bearer / Mwenye Pas / Titulaire

BAHATI RASHIDI MSELEMU

Place of Residence / Mahali aishipo / Lieu de Résidence

LIKONI, LIKONI

Height / Urefu / Hauteur

5'8" ft/in **1.73** m/cm

Colour of Eyes / Rangi ya Macho / Couleur des Yeux

BLACK

Special Peculiarities / Alama yoyote isiyo ya kawaida / Particularités Spéciales

NONE

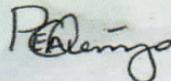
Profession / Taaluma / Profession

Signature of Holder / Sahihi ya Mwenye Pas /

Signature du Titulaire

Signature of Passport Officer / Sahihi ya Afisa wa Pas /

Signature de l'Agent des Passeports



REPUBLIC OF KENYA / JAMHURI YA KENYA / REPUBLIQUE DE KENYA



PASSPORT/PASI/PASSEPORT

Type/Aina/Type Country Code/Nambari ya Nchi/Code du Pays Passport No./Nambari ya Pas/No de Pasaport

P KEN

BK414908

Surname/Jina la Uhuru/Nom

MSELEMU

Given Names/Majina Aliyospewa/Prénoms

BAHATI RASHIDI

Nationality/Ustafa/Nationalité

KENYAN

Date of Birth/Tarehe ya Kuzalwa/Date de Naissance

07 OCT 1998

Sex/Jinsia/Sexe Place of Birth/Mahali pa Kuzalwa/Lieu de Naissance

M KWALE, KEN

Date of Issue/Tarehe ya Kusolewa/Date de Délivrance

11 OCT 2022

Date of Expiry/Tarehe ya Mwisha/Date d'Expiration

10 OCT 2032

Personal No./Nambari ya Kibinafisi/No Personnel

3015051

Issuing Authority/Mamlaka ya kutoa Pas/Autorité

GOVERNMENT OF KENYA

Holder's Signature/Sahihi ya Mwenye Pas/

Signature du Titulaire



P<KENMSELEMU<<BAHATI<RASHIDI<<<<<<<<<<<<
BK414908<3KEN9810075M321010135356332<<<<<22