

CURRICULUM VITAE

PERSONAL DATA:

Name : IMONIRUWE SUNDAY ISRAEL
Place, Date of Birth : OTOR-OWHE, 12th March 1999
Address : 6, Alhaja Fausat Street, Governor Road, Ikotun,
Lagos Nigeria.
Religion : Christianity
Mobile phone : 07061993058, 09044704568
Email: : imoniruwe105@gmail.com
Nationality : Nigerian
Yellow Fever: : Yes
Covid 19 Vaccine : Yes

SUMMARY OF QUALIFICATION: ND & HND Mechanical Engineering, Watchkeeping class five, Offshore Crane Operator Stage3, HSE 1,2&3

DOCUMENT

Description of Document	No. of Document	Place & Date of Issued	Date of Expired
Passport	B03558321	Lagos, 25 th July, 2024	24 th July, 2029
Seaman Book	N071320	Lagos, 8 th Oct, 2024	6 th Oct, 2034

CERTIFICATE OF COMPETENCY

Name of Certificate	No. Certificate	Date of Issued	Date of Expired
Able Seafarer Engine	Interim	30 th April, 2025	Interim
Offshore Crane Operator (Stage 3)	703-9525-8115-88-1	23 rd Jan, 2025	23rd Jan, 2027
IADC Crane-Rigger Combined Rigger & Crane Operator (Non-Mechanical)	00171271	31 st May 2024	31 st May 2028
HSE 1,2 & 3	0000305	29 th May, 2019	Unlimited
Seafarer's Medical Certificate	WZL 000104	23rd Sept, 2024	22nd Sept, 2026

CERTIFICATE OF PROFICIENCIES

COURSE	CERT. NO	NAME OF INSTITUTION	DATE OF ISSUE	VALIDITY
MTM	MRT/MTM/2103/2025	Maritech Industrial and Management Training Academy	16 th May, 2025	Unlimited
PST	MRT/MAN/10376/2024	Maritech Industrial and Management Training Academy	16 th August 2024	15 th August 2029
FPFF	MRT/MAN/10376/2024	Maritech Industrial and Management Training Academy	16 th August 2024	15 th August 2029
EFA	MRT/MAN/10376/2024	Maritech Industrial and Management Training Academy	16 th August 2024	15 th August 2029

PSSR	MRT/MAN/10376/2024	Maritech Industrial and Management Training Academy	16 th August 2024	15 th August 2029
SCRB	MRT/PSCRB/3574/2024	Maritech Industrial and Management Training Academy	19 th July 2024	18 th July 2029
OTF	MRT/OTF/3044/2024	Maritech Industrial and Management Training Academy	17 th July 2024	16 th July 2029
ISPS	MRT/ISPS-AW/4116/2024	Maritech Industrial and Management Training Academy	19 th July 2024	18 th July 2029

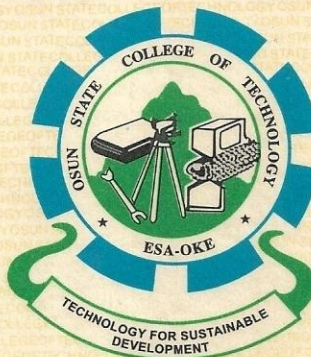
SEA EXPERIENCE

Vessel	Flag	Type	G.R.T	Rank	Period	Company
MV Stevia	Cameroon	Cargo	7788	Wiper	10.07.2022/28.03.2023	Helibill Ventures Ltd
MT. AYSU	Conoros	Tanker	5245	Oiler	05.07.2023/10.09.2024	Helibill Ventures Ltd

Yours faithfully,

IMONIRUWE SUNDAY ISRAEL

OSUN STATE COLLEGE OF TECHNOLOGY
ESA-OKE, NIGERIA



This is to certify that

Imoniruw Sunday Israel

*having successfully completed the approved course of study and
passed the prescribed examinations has been awarded*

HIGHER NATIONAL DIPLOMA

Mechanical Engineering

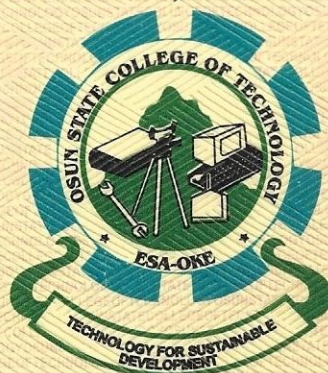
with **Upper Credit** Grade

Dated this **3rd** day of **Aug. 2018**


Registrar


Rector

OSUN STATE COLLEGE OF TECHNOLOGY
ESA-OKE, NIGERIA



This is to certify that

Imoniruwa Sunday

*having successfully completed the approved course of study and
passed the prescribed examinations has been awarded*

NATIONAL DIPLOMA

in
Mechanical Engineering

with Lower Credit Grade

Dated this 31st day of March 2016

Registrar

Rector

The West African Examinations Council

West African Senior School Certificate

JUNE 2011

This is to Certify that: **IMONORUWE SUNDAY**

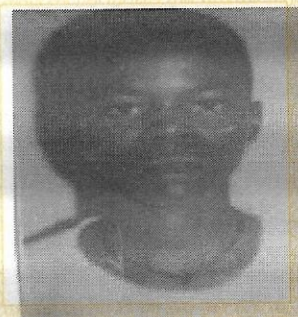
born on: **MARCH 12, 1999**

sex: **MALE**

having been in attendance at

EVBUOTUBU SECONDARY SCHOOL, BENIN CITY

sat the West African Senior School Certificate Examination
and obtained the results shown below.



SUBJECT

GRADE

CHRISTIAN RELIGIOUS KNOWLEDGE	C4
ECONOMICS	E8
GEOGRAPHY	B3
ENGLISH LANGUAGE	C6
MATHEMATICS	C6
CHEMISTRY	C6
PHYSICS	B3
SUBJECTS RECORDED	SEVEN

CD 20

Candidate No.

4130203127

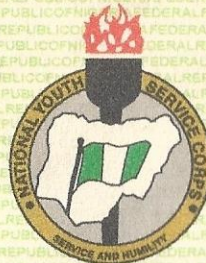
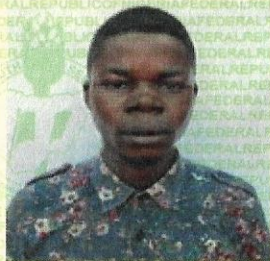
Certificate No.

NGWASSCS 14689310



Chairman of Council

Registrar to Council



2402

18

A 004012919

NATIONAL YOUTH SERVICE CORPS

Certificate of National Service

This is to Certify that
Imoniruwe Sunday Israel

NYSC / KB/CTE/2018/310107 has satisfactorily completed one year of
national service from 15th November 20 18 to 14th November 20 19, in accordance
with Section 11 of the National Youth Service Corps Act, Cap N84, LFN 2004.

14th November 20 19

Director-General
National Youth Service Corps



NIMASA-MSSSD-E&C-RSL-08

NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY

TELEGRAM CABLES
MARITIME LAGOS
Tel: 01-2713617
Fax: 5871329
Telex: 23891, NAMARING
Website: www.nimasa.gov.ng

MARITIME HOUSE
4, Burma Road
Apapa
P.
L.



CERTIFICATE OF PROFICIENCY EXAMINATION

RESULT SLIP

NAME: IMONIRUWE SUNDAY ISRAEL

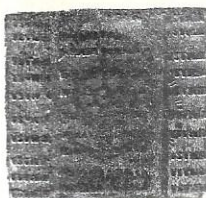
EXAMINATION CENTRE: LAGOS

CERTIFICATE AWARDED: ABLE SEAFARER ENGINE

NAME OF EXAMINER: ENG. PATRICK IKET

SIGNATURE OF EXAMINER: [Signature]

DATE: 30th APRIL 2025





JC International

This is to certify that

IMONIRUWE SUNDAY ISRAEL

**Attended a LEEA accredited training course in
Offshore Crane Operator (Stage 3)**

**Test date
24th Jan 2025**

**Course Duration
5 Days**

and successfully completed all applicable assessments

**Presented by
JC International Ltd**

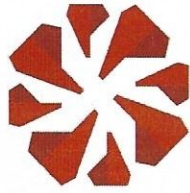
**Date
24th Jan 2025**

Assessor

**Expiry Date
23rd Jan 2027**

Austin Ovie Joseph





IADC
CRANE-RIGGER

IADC Crane-Rigger Training Accreditation Program

Certificate of Completion

The individual below has successfully completed a *CRT* course at an institution accredited by the International Association of Drilling Contractors.

SUNDAY ISRAEL IMONIRUWE

Trainee Name

Combined Rigger & Crane Operator (Non-Mechanical)
Course Name

Non-Mechanical
Crane Type

JC INTERNATIONAL LTD.

Training Provider

00171271

Provider ID Number

31 May 2024

Completion Date

2348033108342

Training Provider Telephone Number

31 May 2028

Expiration Date

Akpobome Ememerha

Instructor Name

Certificate Number: XXX000460787



JC International Ltd.

www.jcinternationalng.com

MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

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



MRT/MTM/2103/2025
Certificate Number

CERTIFICATE OF TRAINING

This is to certify that

IMONIRUWE SUNDAY ISRAEL

Date of Birth:12/03/1999

Has successfully completed

MOTORMAN

Training Course at

Maritech Industrial and Management Training Academy

Signature of Instructor

Issue Date
16/05/2025



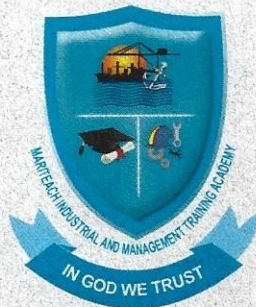
Signature of Holder



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. Tell: +234-8021122189, 08054722786



MRT/MAN/10376/2024
Certificate Number

STCW Basic Safety Training

This is to certify that

SUNDAY ISRAEL IMONIRUWE

Date of Birth: 12/03/1999

Has successfully completed an approved training in:

Basic Safety Training

Personal Survival Techniques	Regulation VI/1 and Section A-VI/1, Paragraph 2.1.1
Fire Prevention & Fire Fighting	Regulation VI/1 and Section A-VI/1, Paragraph 2.1.2
Elementary First Aid	Regulation VI/1 and Section A-VI/1, Paragraph 2.1.3
Personal Safety & Social Responsibilities	Regulation VI/1 and Section A-VI/1, Paragraph 2.1.4

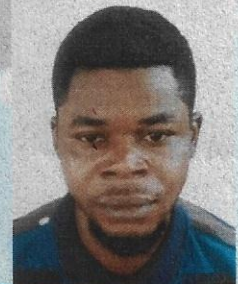
of the International Convention on Standards of Training, Certificate and Watchkeeping for Seafarers, (STCW) 1978 code as amended in 2010.

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

Signature of Instructor

Issue Date
16/08/2024

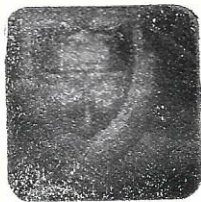
Signature of Holder



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

MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

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



MRT/OTF/3044/2024
Certificate Number

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

This is to certify that

SUNDAY ISRAEL IMONIRUWE

Date of Birth: 12/03/1999

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
17/07/2024



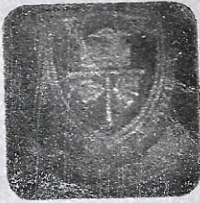
Signature of Holder



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/ISPS-AW/4116/2024
Certificate Number

Certificate of Proficiency In Security Awareness For All Seafarers

This is to certify that

SUNDAY ISRAEL IMONIRUWE

Date of Birth: 12/03/1999

Has successfully completed an approved training in:

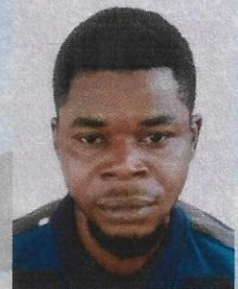
Security Awareness for All Seafarers

In accordance with the requirements of Chapter XI-2 of SOLAS 74 as amended, the ISPS Code, and section A-VI/6-1 of the STCW Code, as amended.

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

Signature of Instructor

Issue Date
19/07/2024



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/3574/2024
Certificate Number

This is to certify that

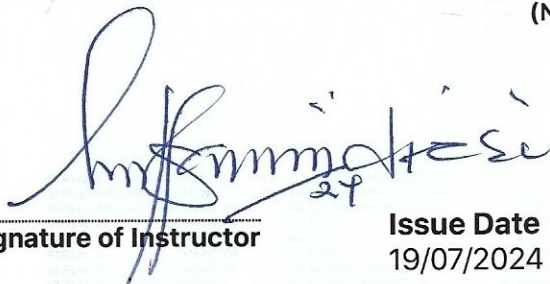
SUNDAY ISRAEL IMONIRUWE

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.

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



Signature of Instructor

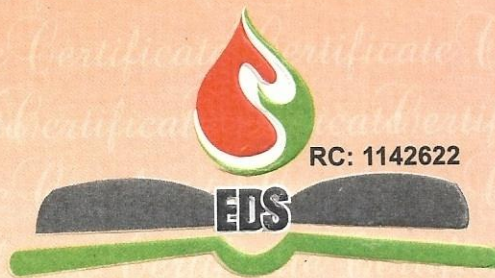
Issue Date
19/07/2024



Signature of Holder



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



ENVIRONEXT DEVELOPMENT SERVICE
...safely seeing tomorrow today

Certificate N^o 0000305
of
Training Completion

This is to certify that
IMONIRUWE SUNDAY ISRAEL

has successfully
completed the training on
ONSHORE AND OFFSHORE HEALTH SAFETY
AND ENVIRONMENT LEVEL III (HSE 3 OF 3)

Courses Covered Includes:

Contractor Employee HSE, Lockout and Tagout,
Defensive Driving, Safe Handling of Chemicals, Machinery,
Plant and Equipment Safety, Confine Space Safety and Permit to work,
Risk Assessment, Intro to Behavioural Safety, Intro to EIA

Awarded On This Day 29th Month May Year 2019


Director of Training



ENDORSED BY:



Certificate of Completion

This is to certify that

IMONIRUWE SUNDAY ISRAEL

has successfully completed the course

GENERAL HEALTH SAFETY AND ENVIROMENT LEVEL II (HSE 2 OF 3)

In accordance with the standards of the
GOVERNING BOARD OF EXAMINERS

COURSES COVERED INCLUDE:

Introduction to General HSE, Unsafe Act and Unsafe Condition Auditing
and Accident Investigation, Basic Fire Safety, First Aid and CPR, Occupational Health,
Industrial Security Management, Environmental Safety

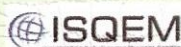
Awarded on this day 5th Month April Year 2019



Director of Training



ENDORSED BY:



Certificate of Completion

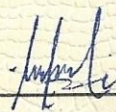
This is to certify that

IMONIRUWE SUNDAY ISRAEL

has satisfied the
requirements for a training course in

BASIC FIRST AID AND CPR

Issued: 15th April 2019



Director of Training



ENDORSED BY:





FEDERAL REPUBLIC OF NIGERIA

226431

NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY

SEAFARER'S MEDICAL CERTIFICATE

(NIMASA)



ORIGINAL

This Certificate is 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>MONIRUWE</u>	Given Names: <u>SUNDAY ISRAEL</u>
Discharge Book No: SSID NO: D D M M Y Y Y Y Date of Birth: <u>12031999</u>	Passport No: Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Nationality: <u>NIGERIAN</u>	

Department:(Tick relevant box) Deck <input type="checkbox"/> Engine <input checked="" 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>23/9/24</u>	Please specify restriction.		

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

Restrictions

Duties:
Location/Vessel:
Medical/Others:

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

Medical Fitness Category (tick relevant box)

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 type="checkbox"/> Unfit <input type="checkbox"/>	Engine Fit <input checked="" type="checkbox"/> Unfit <input type="checkbox"/>	Steward/Others Fit <input type="checkbox"/> Unfit <input type="checkbox"/>
---	---	--	---

Date of Examination <u>23/09/2024</u>	Expiry Date of Certificate <u>22/09/2026</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: Moniruwe

Name, Signature and Official stamp/seal of Approved Doctor:

Dr Emmanuel Obayomi





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: IMONIRUNE SUNDAY ISRAEL
(Surname first)

Discharge Book No: _____

APPEARANCE Healthy Whip and alert

GENERAL EXAMINATION

Weight: 61kg Height: 1.79m Gait ☒ Normal ☐ Abnormal
Temperature: 36.8°C Blood Pressure: 125/80 mmHg Pulse Rate: 78b/m Pailor: nil
Lymph Nodes ☐ Palpable ☒ Impalpable If palpable, state region/location _____

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.) Oro dental	<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"/>

(3.) Eyesight

	RT	LT
Visual Acuity		
Without glasses	<u>6/-</u>	<u>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 O+ & AB
(2.) Full blood count PCV 39% WBC - 6400
(3.) VDRL ☒ Negative ☐ Positive
(4.) HIV ☒ Negative ☐ Positive
(5.) Hepatitis B Antigen ☒ Negative ☐ Positive
(6.) Widal (for Catering Dept) _____
(7.) Urinalysis NEGATIVE
(8.) Chest X-Ray with Report ☒ Normal ☐ Abnormal
(9.) Electrocardiogram ☒ Normal ☐ Abnormal

OTHER EXAMINATIONS

	Normal	Abnormal
(1.) Speech (Voice Communication)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2.) Hearing	<input checked="" type="checkbox"/> RT <input checked="" type="checkbox"/> LT	<input type="checkbox"/> RT <input type="checkbox"/> LT

- Audiometry

Dr Emmanuel Obasogie

Physician's Name



Physician's Address/Telephone No.

08055270680
HEDA Hospital

Physician's Signature & Stamp

23/9/24



NIMASA

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: IMONIRUWE OTHER NAMES: SUNDAY ISRAEL
 DATE OF BIRTH: 12/03/1999 AGE: 23 SEX: M NATIONALITY: NIGERIA
 DATE OF APPLICATION: 23/09/2024 PLACE OF BIRTH: DELTA STATE
 Discharge Book NO.: _____ Company: _____ Vessel: _____
 Address: 6 Alhaja Fausat Street Governor Rd Ikotun
 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)

YES NO IF YES DATE YES NO IF YES DATE YES NO IF YES DATE YES NO IF YES DATE
 (A.) Tetanus ☐ ☒ (B.) Typhoid Fever ☒ ☐ (C.) Cholera ☒ ☐ (D.) Meningitis ☒ ☐
 YES NO IF YES DATE YES NO IF YES DATE YES NO IF YES DATE YES NO IF YES DATE
 (E.) Yellow Fever ☒ ☐ (F.) Hepatitis ☒ ☐ (G.) Tuberculosis ☒ ☐

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 _____

IMONIRUWE SUNDAY ISRAEL 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)

23/09/2024 Date IMONIRUWE SUNDAY I Name of Applicant
Imoniruwe Sunday I Signature of Applicant

Caution: Any person who (1) Falsifies any of the particulars on this certificate or (2) uses a falsified certificate as true knowing it to be false is liable to prosecution



FEDERAL REPUBLIC OF NIGERIA

NATIONAL POPULATION COMMISSION

Certificate of Birth

A18-0024828

ORIGINAL

Issued under the Births and Deaths Etc. (Compulsory Registration) Decree No. 69 of 1992

Registration Centre

IKOTUN PHE

Town/Village

IKOTUN

L.G.A

ALIMOSTA

State

LAGOS

Volume

N 24

Year

Entry No.

172

This is to certify that the birth, details of which are recorded herein has been registered on

01 07 2024

Day

Month

Year

at this Registration Centre

IKOTUN PHE

1. Full Name:

(Surname first)

(In block letters)

IMONIRUWE SUNDAY ISRAEL

2. Sex:

MALE

3. Date of Birth:

12 03 1999

Day

Month

Year

4. Place of Birth:

OTOR-DWHE

Town/Village

TOWN

5. Full name of Father:

(Surname first)

(In block letters)

IMONIRUWE

6. Full name of Mother:

(Surname first)

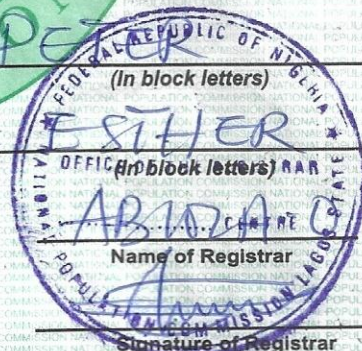
IMONIRUWE

Place of issue:

IKOTUN PHE

Date:

01-07-2024



NATIONAL REGISTRATION PROGRAMME

**ECONOMIC COMMUNITY
OF WEST AFRICAN STATES**
COMMUNAUTE ECONOMIQUE DES ETATS
DE L'AFRIQUE DE L'OUEST
COMUNIDADE ECONOMICA DOS ESTADOS
DA AFRICA DO OESTE

FEDERAL REPUBLIC OF
NIGERIA
RÉPUBLIQUE FÉDÉRALE DU NIGÉRIA
REPÚBLICA FEDERAL DA NIGÉRIA

PASSPORT

[illegible]

FEDERAL REPUBLIC OF NIGERIA

Passport / Passeport



Type / Type Country Code / Code du pays

P NGA

Passport No. / N° Passeport

B03558321

Surname / Nom

IMONIRUWE

Given Names / Prénoms

SUNDAY ISRAEL

Nationality / Nationalité

NIGERIAN

Date of Birth / Date de Naissance

12 MAR / MARS 99

Sex / Sexe Place of Birth / Lieu de Naissance

M ISOKO

Date of Issue / Date de Délivrance

25 JUL / JUL 24

Date of Expiry / Date d'Expiration

24 JUL / JUL 29

Previous Passport / Passeport Précédent

NIN

45728209029

Authority / Autorité

ALAUSA, LAGOS

Holder's Signature / Signature du Titulaire

P<NGAIMONIRUWE<<SUNDAY<ISRAEL<<<<<<<<<<<<<
B035583216NGA9903126M290724045728209029<<<80

B035583216NGA9903126M290724045728209029<<<80

Protection contre le paludisme

Le paludisme, est une maladie grave, parfois mortelle, qui sevit encore à l' état endémique dan un très grand nombre des pays tropicaux et subtropicaux. Vous devez vous protéger contre les piqures des moustiques (usage de moustiquaires imprégnées, répulsifs). En outre, les médicaments antipaludiques peuvent être utiles, soient pris régulièrement a titre préventif. soient tenus en réserve. Pour le traitement d'urgence d'une fièvre causée par lesn parasites. les médicaments sont variables et changeants, veuillez consulter votre médecin ou l'institution spécialisée la plus proche, ou encore la dernière édition de la brochure de l'OMS ainsi qu'avoir les certificats de vaccination exigés et conseils d'hygiène pous les voyages internationaux.

Si vous prenez de médicaments antipaludiques a titre préventif. il est nécessaire de les prendre de facon absolument régulière, de préférence pendant ou immédiatement après un repas plutôt par intermittence, et de continuer pendant les six semaines suivantes.

Aucune méthode ne peut garantir une protection complète. Si une fièvre se déclare entre une semaine après la première exposition et jusqu' a deux ans après votre guérison. ne manquez pas de consulter votre médecin et de l' informer de votre séjour dans une région inpaludée.

INTERNATIONAL HEALTH REGULATIONS (2005)
REGLEMENT SANITAIRE INTERNATIONAL (2005)

FEDERAL REPUBLIC OF NIGERIA



INTERNATIONAL CERTIFICATE
OF VACCINATION OR PROPHYLAXIS
CERTIFICAT INTERNATIONAL
DE VACCINATION OU DE PROPHYLAXIE

Issued to / Delivre a

IMONIRUWE
SUNDAY ISRAEL

Passport No. or Travel Document No.

Numero du passeport ou de la piece justificative

B03558321



(Scan QR Code
to verify)



C1485680

INTERNATIONAL CERTIFICATE OF

This is to certify that (name) IMONIRUWE.S.1
 Nationality NIGERIAN
 whose signature follows [Signature]
 against: (name of disease or condition) Yellow Fever

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician
<u>YELLOW FEVER</u>	<u>24 SEPT 2024</u>	<u>[Signature]</u> <u>PORT HEALTH OFFICER</u>

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 12 MAR 99 Sex M
 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
<u>FSUE</u> <u>Chumakor</u> <u>LOT 845</u>	<u>24 OCT</u> <u>FOR</u>	<u>2024</u>

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.

C1485680

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

Card No.:

Name: IMONIRUWE SUNDAY ISRAEL Age: 22 yrs Sex: M

State: EKID LGA: IDO/OSI

Ward: AYETORO II Settlement: ONA-IDO

Health Facility: CHC AYETORO II

Name of Vaccinator: AYI OLATUMOKE

Phone No. of LGA DSNO: 08066765918

07061993058



NA-ER 52738547 MO

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	<p>PW 40100</p> <p>• AstraZeneca/Oxford <input checked="" type="checkbox"/></p> <p>• Johnson & Johnson <input type="checkbox"/></p> <p>• Pfizer <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p>	_____	22/11/21	05/1/22	NO	NO
Dose 2	<p>BATCH NO 210352</p> <p>• AstraZeneca/Oxford <input checked="" type="checkbox"/></p> <p>• Pfizer <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p>	1/22	10/1/22			

1st Dose

Name of Health Officer: Abioye E-V

Signature: [Signature]

2nd Dose

Name of Health Officer: Famile Feyobi

Signature: [Signature]



National Identity Management System

Federal Republic of Nigeria
National Identification Number Slip (NINS)



Tracking ID:	S1E9NVQ8BV501FZ	Surname:	IMONIRUWE	Address: NO 6 AKPONOVO STREET OTOR-OWHE DT	
NIN:	45728209029	First Name:	SUNDAY		
Issue Date:	N/A	Middle Name:	ISRAEL		
		Gender:	M		

Note: The **National Identification Number (NIN)** is your identity. It is confidential and may only be released for legitimate transactions.

You will be notified when your National Identity Card is ready (for any enquiries please contact)

