# CURRICULUM VITAE

Name	ABUUBAKAR OTHMAN OMAR		
Date of birth	22/07/2002		
Place of Birth	MJINI, ZANZIBAR	-	
Nationality	TANZANIAN		
Gender	MALE	The stay	
Marital status	SINGLE		
Address	ZANZIBAR		
Rank	AB		
Professional	SEAMAN		
Phone	+255 776 785521		
Number – Email	abuujiwe08@gmail.com	3 7/10 20 0 D	

No	Travel Document	Number	Date Issued	Expire date	Authority government
1	Passport	TAE359074	06/10/2020	05/10/2030	PCO,ZANZIBAR
2	Seaman Book	SDB-210049	29/01/2021	29/01/2026	TASAC, TANZANIA
3	Medical Fitness Certificate	NILL	06/06/2023	05/06/2025	ZANZIBA,TANZANIA

Next of kin		
Name	Omar Othman Omar	
Address	Nyerere, ZANZIBAR	
Phone	+255 776 785521	

Watch keeping Certificate	Number	Issue date	Expire date	Authority Government
Rating Perfoming Part of Navigation Watch	04683	09/06/2023	NILL	Tasac,Tanzania
Able Seafarer Deck	08788	20/12/2020	NILL	Tasac, Tanzania

# CERTIFICATE OF PROFICIENCY

No	Certificate	Certificate number	Place & Date Issued	Expire Date	Authority Government
1	Fire prevention and fire fighting	08788	20/12/2020	Nill	Tasac, Tanzania
2	Elementary First aid	06965	03/12/2020	02/12/2025	Tasac, Tanzania
3	Personal safety and Social Responsibility	06928	04/12/2020	03/12/2025	Tasac, Tanzania
4	Security Awareness Training	06590	07/11/2020	Nill	Tasac Tanzania
5	Personal Survival Techniques	08424	20/11/2020	19/11/2025	Tasac, Tanzania
6	Able Seafarer Deck	08788	20/12/2020		Tasac, Tanzania
7	Proficiency in Survival craft & Rescue Boats	05160	12/05/2023	11/05/2028	Tasac, Tanzania
8	Rating forming Part of a Navigation watch	04683	09/06/2023	Nill	Tasac, Tanzania
9	Seafarer Designated Security Duties	04619	14/01/2024	Nill	Tasac, Tanzania

NO	NAME OF VESSEL	RANK	GRT/ NRT	TYPE OF VESSEL	TRADING AREA	SIGNING ON DATE	SIGNING OFF DATE	DURATION
1	MV SHUWARI	DECK	140/42	TUG	COKSTAL	29/02/20 21	05/05/20 21	03 months
2	COMARCO SWFT TUG	SAIL OR	391/11 8	TUG	F/G	07/05/20 21	08/12/20 21	07 months
3	M.T. NAVARINO	AB	7421		F.R.G	07/02/20 22	10/10/20 22	08 months
4	MIREMBE JUDITH	AB	5658		F.R.G	26/12/20 22	19/09/20 22	03 months
5	MIREMBE JUDITH	AB	5658		F.R.G	08/11/20 22	23/07/20 23	04 months

Total sea time: 25 months

I hereby certify that above information by me is true, complete and to my best knowledge in all respect



# THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS, TRANSPORT AND COMMUNICATION



TANZANIA SHIPPING AGENCIES CORPORATION
TASAC

MR	١.	ABUBAKAR	OTHMAN	OMAR
This is to certify that				
22.07.20			MJINI	
Date of birth		Place of bir	th	

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.

04.12.2020

03.12.2025

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

(400) y

Signature of the Holder



MOGA NASHON MOGA HIG



# THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS, TRANSPORT AND COMMUNICATION



ANZANIA SHIPPING AGENCIES CORPORATION TASAC

MR. ABUBAK	AR	OTHMAN	OMAR
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This is to certify that.....

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.

27.11.2020

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

Signature of the Holder

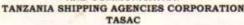


PROGA NASHON IROGA HE Name and Signature of duly Authorised Officer



#### THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF WORKS, TRANSPORT AND COMMUNICATION





MR. ABUBAKAR OTHMAN OMAR

This is to certify that.

22.07.2002

MJINI

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.

03.12.2020

02.12.2025

Issued on....

.....Valid Until.....

Signature of the Holder



PROGA NASHON IROGA



#### THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS, TRANSPORT AND COMMUNICATION

TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



This is to certify that. MR. ABUBAKAR OTHMAN OMAR

Date of birth 22.07.2002 Place of birth MJINI

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].

07.11.2020

Issued on

\$000°

Signature of the Holder



IROGA NASHON IROGA HEGI



#### THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS, TRANSPORT AND COMMUNICATION



TANZANIA SHIPPING AGENCIES CORPORATION

MR. ABUBAKAR OTHMAN OMAR

This is to certify that.....

MJINI

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.

20.11.2020 Issued on...

Valid Until.....

19.11.2025

Signature of the Holder



IROGA NASHON IROGA



#### THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS AND TRANSPORT



ANZANIA SHIPPING AGENCIES CORPORATION TASAC

MR. ABUBAKAR C	THMAN	OMAR
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This is to certify that.....

Date of birth Place of birth M.

MJINI

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].

12.05.2023

11.05.2028

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

Signature of the Holder



THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS, TRANSPORT AND COMMUNICATION NZANIA SHIPPING AGENCIES CORPORATI



This is to certify that

MR. ABUBAKAR OTHMAN OMAR

Date of birth ...

22.07.2002

MJINI ..... Place of birth .....

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 1978 as amended [2010].

20.12.2020

Signature of the Holder

Name and Signature of duly Authorised Officer

MPP. DSM



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



# MR. ABUBAKAR OTHMAN OMAR

This is to certify that.....

22.07.2002

MJINI

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

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].

09.06.2023

Issued on.

Alle

Signature of the Holder



LAMEGK SON



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



MR. ABUBAKAR OTHMAN OMAR

Date of birth 22.07.2002 Place of birth MJINI

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

Issued on ..

14.01.2024

Signature of the Holder

## **AUTHORISED BY**

# DAR ES SALAAM MARITIME INSTITUTE (DMI)

No. 01179 DMI/H2S/91/2024/29





# HYDROGEN SULPHIDE SAFETY

This is certify that ABUBAKAR OTHMAN OMAR

Date of Birth 22nd JUL 2002 Place of birth MJINI

Holder of ZMA-SDB-210049 Passport No. TAE359074

Has successfully completed a training course for:

# HYDROGEN SULPIDE SAFETY

This course covers the following topics

- Inroduction, Hazards, Characteristics,
- Method of Detection (Old & New) precaution location safety & protection

(a) Modern way to reduce concentration of H2S on the drill floor

- Funtion of CMS SCBA andvarious productive Equipments
- Contigency Plans
- · Reponsive, procedure, procedure form Marks, sign
- First Aid Responsibilty (Employers, Workers)

Issued on 29/07/2024

Signature Asia:

Valid to 28/07/2029

Cap.Mwigira

# EDEN MEDICAL CLINIC

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

Card No: OPD0021	Requested by DR OTID
Diagnosis: None	Specimen: Bly
Clinical Finding:-	
INVESTIGATI	ON REQUESTED
Random blood glucose:	Urinalysis/ Urine
resung blood glucase:	. Urobilinogen: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
AB Level: 6,69da	Glucose:
ABO Blood Grouping: ORLYVE	Billrubin:
NEGATIVE.	Ketones:
JPT: TCVOe	S.Gravity:
VEIGHT: (5)	Blood:
HEIGHT	Protein:
/isual Acuity (VISION)	+15
Speech/HEARING & Balance:	Nitrate:
Blood Pressure: 17774 Mnuks	Leukocytes:
Pulse Rate: 78/min	MACR Tellowish Colour Stain
Chest X-Ray-PA.	MICR
ECG: ElectroCardiogram	7

Date: 6/6/2023 ......Dit. Namo & Signature Id. Community Health Consultant

NB: REPORT OVERLEAF

P. O. Box 65202, Dar es Salaam MAVUNO HOUSE, AZIKIWA STREET

· General Physician

. Aviation Medical Examiner (AME) · Seafarers Medical Services (TASAC)

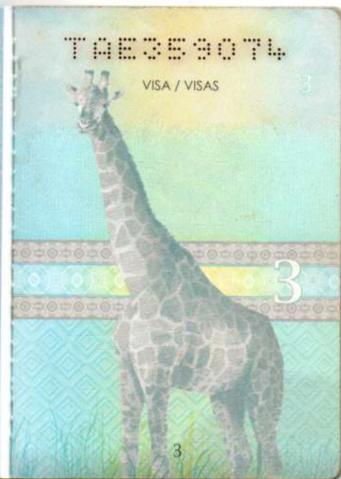


# THE UNITED REPUBLIC OF TANZANIA MINISTRY OF WORKS AND TRANSPORT

# TANZANIA SHIPPING AGENCIES CORPORATION \*\*\* TASAC



Last Name  First Names  Date of birth (day/month/year.)  And	OMAR	Medical Fitness Certif	R OTH	MAN
roof of Identity: Kind of Identity	* /		22 0	2002
Proof of Identity: Kind of Identity Number 2002	ationality TANZAN 1A  Ome address NYERER	E MJINI M		
The applicant used aids to vision to meet a satisfactory standard  The applicant used aids to vision to meet a satisfactory standard  The applicant used aids to hearing to meet a satisfactory standard  The applicant used aids to hearing to meet a satisfactory standard  Date of examination  Date of examination  (Day/month/year)  Name of Approved Medical Practitioner  Signature of Approved Medical Practitioner  (day/month/year)  FORMEDICAL CLINIC	roof of identity: Kind of identity	Number 20 DC, Driver's License, Passport) cant according to the Merchant Sh	ipping (Medical Examinal ant's personal declaration,	tion) Regulations, 2016, my clinical examination
Date of last colour vision test if not tested at this examination  The applicant used aids to hearing to meet a satisfactory standard  Date of examination  (Day/month/year)  Name of Approved Medical Practitioner  Expiry date of Certificate  (day/month/year)  Pace of examination  Official Stamp  Official Stamp  Expiry date of Certificate  (day/month/year)	nd diagnostic test results recorded on the	ne medical examination form, I dec	lare the applicant fit for se	ataring
Date of last colour vision test if not tested at this examination  The applicant used aids to hearing to meet a satisfactory standard  Date of examination  (Day/month/year)  Name of Approved Medical Practitioner  Expiry date of Certificate  (day/month/year)  Pace of examination  Official Stamp  Official Stamp  Expiry date of Certificate  (day/month/year)	**	FITFORS	EAFARIN	G
Date of examination (Day/month/year)  Name of Approved Medical Practitioner  Expiry date of Certificate	Castle of the Control of Control		Yes	No
Date of examination (Day/month/year)  Name of Approved Medical Practitioner (Day/month/year)  Expiry date of Certificate (Day/month/year)			Yes Xo	_
Name of Approved Medical Practitioner	$(\vee )$	2023 DARK	SSALAAM)	
Expiry date of Certificate	(Day/month/year)	ARLES K.	OTITO Official Symp	
(day) memory services and the services are services and the services and the services and the services are services and the services and the services and the services are services and the services and the services are services and the services and the services are services are services and the services are services and the services are servi	Signature of Approved Medical Practit	ioner	Jana,	36
- Cal a hadiant avamination tom-	(day mond)	JO J J J EDEN	MEDICAL CLINIC	
acknowledge that I have been advised on the content of the medical examination formamer  Community Health Consultant  P.O. Box 65202, Dar es Salaam	Acceni	Community	Health Consultant	VX 1
Applicant's signature	Applicant's signature	to the applicant, A copy is to be prov	Haed to TASAC. The Appr	oved Medical Practitioner
may retain a copy.  **Aviation Medical Examiner (AME)  **Separates Medical Services (TASAC)  Please complete this questionnaire prior to attendance, but leave blank the answer to any question you do not understand. Y		Constitute Marting S	DEVIEWS ITAXALL	





### UNITED REPUBLIC OF TANZANIA



## MINISTRY OF HEALTH

#### CERTIFICATE OF COVID-19 VACCINATION

Abubakar Othman Omar Full Name IVD00026079668 Ref Number

TAE359074 ID Number Jul 22, 2002 Date of Birth

Vaccine Na me	ber	Doses Adm inistered	Date of Vaccination	Center of Vaccination
Pfizer-BioN Tech	P0001324	1st Dose	May 7, 2024	KIGAMBONI Health Ce
Pfizer-BioN Tech	P0001324	and Dos	Dec 2, 2024	KIGAMBONI Health Ce nter
Pfizer-BioN Tech	P0001324		May 28, 2024	KIGAMBONI Health Ce nter

Scan to validate



the

ISSUED BY: Dr. John Anthony Jingu

Permanent Secretary

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

### INFORMATION FOR PHYSICIANS

- The dams for vaccination on each conficure are to be recorded in the following sequence: day, month, year - the smooth in letters. Example: January 1, 2001 is written I January 2001.
- If reconstion a contraindicated on medical grounds, the physician should provide the saveller with a written opinion, which health authorities should take into account.
- Vaccination certificate equirements of countries are published by WHO in International cross! and beath. Information on designated yellow from vaccinating centres is available from local on national health offices.
- The physician should always consider that his/her parient may have a travel-associated illness.

# RENSEIGNEMENTS DESTINÉS AUX MÉDECINS

- La date de la vaccination doit être portée sur les certificats dans l'ordre sulvant jour, mois, année – le mois étant indiqué en toutes lettres. Exemple: 1er janvier 2001.
- Si le vaccination est contre-indiquée pour raison médicale, le médicin doit fournir par écrit au voyageur un avis circonstancié, dont l'autorité sanitaire aux frontières doit terair compte.
- 3. Les exigences des pays en matière de vaccination sont publiées par l'OMS dans la brochure Voyages internationaux et santé. Les renselignements aur les centres habilités à pratiquer la vaccination contre la flèvre jaune sont disponibles auprès des autorités sanitaires locales ou nationales.
- Le médecin doit toujours tenir compte du fait que son petient peut être atteint d'une maladie liée à un voyage.

THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR



MINISTRY OF HEALTH MINISTERE DE LA SANTE ZANDBAR

International Certificate of Vaccination or Prophylaxis

International Health Regulations (2005)

Certificat international de vaccination ou de prophylaxio

Rischment sonitaire international (2006)

Cortificat International de vaccination ou de prophylaxie

Rightment sanitaire international (2006)

Issued to / Délivré à

Passport number or travel document number. Numero du passeport ou du document de voyage. nationality TANIZANIAN

national identification document, if applicable

whose signature follows.....

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

TELLOW PEVER

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. YELLOW FOVER	10- Dec 2024	MINISTRY
2		HEALTH S
3.		WZHB NS

<sup>\*</sup> Requirements for validity of certificate on page 2.

# CERTIFICAT\* INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

	ions que [nom]de sex			
et de nation	nalité			
document	d'identification	national	le c	as échéant
dont la sign	ature suit			
a été vaccin	é(e) ou a reçu de: ée contre: (nom d	s agents or	onhul-	ectiques à la e l'affection)

conformément au Réglement sanitaire international.

Manufacturer and batch no. of vaccine or prophylaxis Fabricant du vaccin ou de l'agent prophylac tique et numéro du lot	Certificate valid from: until: Certificat valiable à partir du : jusqu'au :	Official stamp of the administering centre Cachet officiel du centre habilité
TAMARIL	FROM 10 = 1	EC. 2024
		PHVS/U/1
		ZANZIBAN

<sup>\*</sup> Voir les conditions de validité à la page 3.





# ZANZIBAR MARITIME AUTHORITY

PHONE NUM: +255 24 2236795 FAX NUM: +255 024 2236796

WEBSITE: www.zma.go.tz EMAIL: info@zma.go.tz P.O.BOX. 401 ZANZIBAR TANZANIA

ZMA/RSZ/150/1/VOL.11/96

01.03.2021

MKURUGENZI MKUU SHIRIKA LA BANDARI ZANZIBAR

## KUH: OMBI LA KUPATIWA UZOEFU MELINI (SEATIME) KWA BAHARIA ABUBAKAR OTHMAN OMAR

Tafadhali husika na mada iliopo hapo juu.

Mamlaka ya Usafiri Baharini Zanzibar inaleta ombi hili kwako kwa baharia tuliemtaja hapo juu mwenye kitabu cha ubaharia (Discharge Book) namba SDB-210049 ili kupatiwa nafasi kwa ajili ya kupata uzoefu melini.

Aidha pamoja na barua hii naambatanisha vivuli vya vyeti husika katika kupatiwa nafasi hiyo.

Natanguliza shukurani na natumai ombi hili litafanyiwa kazi.

Wako,

KHALFAN S. OMAR

KNY: MKURUGENZI MKUU

MAMLAKA YA USAFIRI BAHARINI

ZANZIBAR

RITAMBULISHO CHA UBAHARIA RA HEKODI ZA BAHARINI SEAFARER'S INDIRITUTCATION AND SEA REPVACE RECORD BOOK JAMUHURI YA MUUNGANO WA TANZAMA - THE UNITED REPUBLIC OF TANZAMA SERIKALI YA MAPINDUZI ZANZIBAR - THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR Jea la Ukoo i Samanic OMAR 29/01/2021 ABUBAKAR OTHMAN Tanzanian Utaits / Nationality: 22/07/2002 Jine / Given Names: Tarethe Bycitclews / Date of Issue: Tarthe ya kuzaliwa / Date of Birth: AZE 29/01/2026 Zanzibar Panuli Epototewa / Place of Issue: Tarehe ya Mini Jimia / Sex Nambari ya Utanbulsho / Adedification No. ZMA-SDB-210049

Sains ya Mmilai / Holder's Signature:

(Hereatestanderestande

ZMA-SDB-210049+<<<<<<<<

***************************************		
Change of add	ress	
	***************************************	
	***************************************	
Change of add	ress	
0 - 00		
Next of kin and	relationship	
***************************************		

# RECORD OF SEA SERVICE Name of ship, IMO No., GT and kW Capacity Joining Leaving "TUS SHUWARI OFF: NO: 11628 GRI: 140 COMARCO SWIFT TUG FLAG: TANZAN'A OFFICIAL No. 105113 IMO No. 8324206 GRT: 391 COT NRT: 118 COI JARIN T: 7421 28T: 4069 NO: BEDEUT'S

# Novage Description Master or authorised person signature Ship or Company Stamp 1. COMARCO SWILT TUC FLAG: TANZ OFFICIAL NO BITS IMD NO. 391 COT NRT: II8 COT NRT: II8 COT NAV

### RECORD OF SEA SERVICE

Name of ship, IMO No., GT and kW	Date 8	Place	21000000
EMBE JUS	Joining	Leaving	Capacity
MO: 91419tiff T GRT: 5658 WIT: 7128-T *	D6/12/2022	19/09/2022 2002/184R	A O
IM0: 9141900 GRT: 5658 DWT: 7196-T	08:11.2022 AAR	23.07.23 MOMBAGA	A.B

# RECORD OF SEA SERVICE

Voyage Description	Master or Ship or company signature. It Stamp
F. C. C. C.	Signature 11 Stamp  A The 11 Stamp  A The 11 Stamp  A The 11 Stamp  A The 12 S
5 %	IMO: 9141900 E GRT: 565 DWT: 7196- MASTER
3.	ANZIBA