

Curriculum Vitae



| Personal Details | | | |
|------------------|---|-------------------|---|
| Rank: | A/B | Nationality: | Nigerian |
| First Names: | Benjamin Noble | Surname: | Pii |
| Date of birth: | 05-05-1985 | Place of birth: | Port Harcourt |
| Telephone: | +2348068835358 | Requested Salary: | Negotiable |
| Mobile Phone: | +2348068835358 | Nearest Airport: | Port Harcourt International Airport Rivers State, Nigeria |
| E-mail: | noble.benjamin@yahoo.com | Shoes size: | 42/43 |
| LinkedIn | | Overall size: | L/XL |
| Home Address: | No 15 Samuel Amadi Close Rukpokwu port Harcourt Rives State | | |

| Next of Kin | | | |
|---------------|---|------------|----------------|
| Surname: | Pii | Name: | Samuel |
| Relationship: | Brother | Telephone: | +2348068130140 |
| Home Address: | No 15 Samuel Amadi Close Port Harcourt Nigeria. | Email: | |

| Travel Documents | Number | Country of Issue | Issued on | Expires on |
|--------------------|------------|------------------|------------|------------|
| National Passport: | B02137082 | Nigeria | 03/06/2023 | 02/06/2028 |
| Seaman's Book: | NIG-042949 | Nigeria | 19/06/2013 | No Expiry |
| Seaman's ID: | N/DR/7873 | Nigeria | | No Expiry |

| Education Background | Program | Year Graduated |
|-----------------------------|-------------------------|----------------|
| University of Port Harcourt | Bsc in computer science | 2008 |
| Senior School Certificate | WAEC | 2003 |

| STCW Certificates | Number | Country of Issue | Issued on | Expires on |
|---|---------------------------|------------------|------------|------------|
| Certificate of competency-11/5 | NAB.NAV.3386 | Nigeria | 24/10/2020 | |
| Certificate of competency-11/4 | NRAT.NAV.5038 | Nigeria | 17/04/2014 | |
| ISPS | 03788 | Nigeria | 06/11/2014 | No Expiry |
| EDH | ED/004162 | Nigeria | 02/8/2013 | No Expiry |
| Personal Survival Techniques | JINSR/STCW/1-4/34921/2023 | Nigeria | 31/1/2023 | 30/1/2028 |
| Fire prevention & Fire Fighting | JINSR/STCW/1-4/34921/2023 | Nigeria | 31/1/2023 | 30/1/2028 |
| Elementary First Aid | JINSR/STCW/1-4/34921/2023 | Nigeria | 31/1/2023 | 30/1/2028 |
| Personal Safety & Social Responsibilities | JINSR/STCW/1-4/34921/2023 | Nigeria | 31/1/2023 | 30/1/2028 |
| Prof. in Survival Craft& Rescue Boats | MRT/PSCRB/1940/2023 | Nigeria | 07/07/2023 | 06/07/2028 |
| OTF | MRT/OTF/2247/2023 | Nigeria | 05/07/2023 | 04/07/2028 |
| Heath, Safety And Environment-Level 1,2,3 | HSE01032200035 | Nigeria | 01/03/2022 | 01/03/2027 |

| Medical Certificates | Number | Country of Issue | Issued on | Expires on |
|--------------------------|-----------------|------------------|------------|------------|
| Physical Examination | EZP000221 | Nigeria | 10/07/2023 | 09/07/2025 |
| Yellow Fever Vaccination | A147953 | Nigeria | 24/02/2014 | Life time |
| Covid 19 | NG-TO13984757KP | Nigeria | 04/11/2021 | Life time |

Curriculum Vitae

| Previous Sea Service | | | | | | | | |
|----------------------|------------|------------|----------------------|---------|--------|---------------------------------|----------|---|
| # | From | To | Vessel | Flag | GRT | Type | Position | Company |
| 1 | 24/10/2016 | 24/10/2017 | DELMA-11 | UAE | 1150 | LCT | A/B | Advance Marine Solution LLC Abu Dhabi UAE |
| 2 | 28-01-2018 | 24-10-2018 | DELMA-11 | UAE | | LCT | A/B | Advance Marine Solution LLC Abu Dhabi UAE |
| 3 | 07/01/2019 | 08/05/2019 | NSC GLORY | Liberia | 10,043 | Offshore accommodation barge | A/B | Project masters Nigeria limited |
| 4 | 28/5/2019 | 05/08/2019 | NSC GLORY | Liberia | 10,043 | Offshore accommodation barge | A/B | Project masters Nigeria limited |
| 5 | 03/01/2020 | 03/03/2020 | KING JESUS | Nigeria | 1500 | AHTS | A/B | Project masters Nigeria limited |
| 6 | 04/05/2020 | 05/08/2020 | KING JESUS | Nigeria | 1500 | AHTS | A/B | Project masters Nigeria limited |
| 7 | 05/09/2020 | 04/12/2020 | KING JESUS | Nigeria | 1500 | AHTS | A/B | Project masters Nigeria limited |
| 8 | 07/04/2022 | 6/6/2022 | Princess Arjiroghene | Nigeria | 3120 | Offshore Platform Supply Vessel | A/B | Beneprojecti Nig Ltd |
| 9 | 07/03/2023 | 05/06/2023 | Princess Arjiroghene | Nigeria | 3120 | Offshore Platform Supply Vessel | A/B | Beneprojecti Nig Ltd |
| 10 | 05/08/2023 | 06/06/2023 | Princess Arjiroghene | Nigeria | 3120 | Offshore Platform Supply Vessel | A/B | Beneprojecti Nig Ltd |
| | 03-03-2024 | 16/04/2024 | NSC GLORY | Liberia | 10,043 | Offshore accommodation barge | A/B | Project masters Nigeria limited |

| |
|-------------------------|
| Reference ;upon Request |
| |
| |
| |



Certificate No : JINSR/STCW/1-4/34921/2023

JOEMARINE INSTITUTE OF NAUTICAL STUDIES & RESEARCH

39th St. Plot 10, DOPA Estate, Warri, Delta State, Nigeria

07032782175, 08060716430

08:30 hours -17:00 hours

Email: info@joemarineng.com; epideimarine@yahoo.com & www.joemarineng.com/institute



STCW BASIC SAFETY TRAINING

This is to Certify that

PII BENJAMIN NOBLE

Date of Birth **05 May 1985**

Has successfully completed a programme of training approved by the Nigerian Maritime Administration And Safety Agency (NIMASA), meeting the requirement laid down in accordance with Section A-VI/1 of the STCW 2010 Manila Amendments and in accordance with the various Tables below; as stated in the STCW Code as amended.

Personal Survival Techniques
Fire Prevention & Fire Fighting
Elementary First Aid
Personal Safety & Social Responsibilities


Table A-VI/1-1
Table A-VI/1-2
Table A-VI/1-3
Table A-VI/1-4

From: 30 Jan 2023

To: 31 Jan 2023


SIGNATURE OF HOLDER




SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE OF ISSUE **31 JANUARY, 2023** (This certificate is valid for 5 years)

Nigerian Maritime Administration & Safety Agency (NIMASA) Approved

NIS ISO 9001:2015
Certified Company

BS ISO 29993-2017
Certified Institute



CHARKIN MARITIME SAFETY CENTRE

RIVERS STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY CAMPUS
PORT HARCOURT - NIGERIA. Website: www.charkingroup.com



Certificate of Training

Charkin Maritime Safety Centre Certifies that



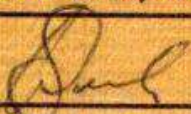
PII BENJAMIN NOBLE

Date of Birth 5TH MAY, 1985 Place of Birth BIARA


Has successfully completed the following course

EFFICIENT DECK HAND

From 29TH JULY, 2013


Administrator

To 2ND AUG., 2013


Course Coordinator



CMSC ED/ **004162**
CERT

2ND AUG., 2013

Date of Issue

CHARKIN MARITIME & OFFSHORE SAFETY CENTRE

PORT HARCOURT - NIGERIA. Website: www.charkingroup.com



Certificate of Training

This is to Certify that

PII BENJAMIN NOBLE

Has successfully completed a

Certificate of Proficiency for Seafarers with Security Awareness and Designated Security Duties

Training Course at

CHARKIN MARITIME & OFFSHORE SAFETY CENTRE

and has met the Standard of Competence as specified in **SECTION A-VI/6,**
Table A-VI/6-1, Table A-VI/6-2 of the Revised STCW (2010)

CEO/MD

HOD

No **03788**

6TH NOV. 2014
Date Issued

CMOSC/SAT/11/14

MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

16 Aladja Avenue, Off Enerhen Road, Effurun, Delta State Nigeria. Tell: +234-8021122189, 08054722786



MRT/PSCRB/1940/2023
Certificate Number

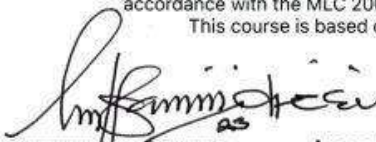
This is to certify that

PII BENJAMIN NOBLE

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. Also in accordance with the MLC 2006 Convention (Maritime Labour Convention 2006)
This course is based on the guidelines of IMO Model Course 1.23


Signature of Instructor

Issue Date
07/07/2023


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/OTF/2247/2023
Certificate Number

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

This is to certify that

PII BENJAMIN NOBLE

Date of Birth: 05/05/1985

Has successfully completed an approved training in:

Basic Training for Oil and Chemical Tanker Cargo Operations

of the International Convention on Standards of Training, Certificate and Watchkeeping for Seafarers, STCW 1978 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
05/07/2023



Signature of Holder



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



CHARKIN
MARITIME & OFFSHORE SAFETY CENTRE

Certificate of Training

AWARDED TO

PII BENJAMIN NOBLE

HAVING SUCCESSFULLY COMPLETED
AN APPROVED COURSE



TROPICAL BASIC OFFSHORE SAFETY INDUCTION & EMERGENCY TRAINING

Which includes: Offshore Safety Induction, Huet with EBS, Fire Fighting & Self
Rescue, First Aid, Sea Survival & Lifeboat.

Course conducted in accordance with NUPRC Nigeria approved Standards.

COURSE LEADER

CM4015823201204

CERTIFICATE NUMBER



18-12-2023 - 20-12-2023

COURSE DATE

DIRECTOR

19-12-2027

VALID UNTIL



Km 4, East-West Road, Ozuoba,
Port Harcourt, Rivers State, Nigeria

Tel.: +234 (0)703 626 1006
Email: info@charkincentre.com
safetytraining@charkincentre.com

0022809

For certificate verification please log on to www.charkincentre.com





CHARKIN MARITIME & OFFSHORE SAFETY CENTRE

Certificate of Competency

Awarded to

PII BENJAMIN NOBLE



**For having successfully completed
Tropical Basic Offshore Safety Induction &
Emergency Training (T.B.O.S.I.E.T.)**

Course Conducted in accordance with DPR approved standards

ISSUED: 20/12/2023

EXPIRES: 19/12/2027

Charkin

Cert. No.: Cm4015823201204

**NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY
(NIMASA)**



CERT. NO: NRAT.NAV.5038

CERTIFICATE OF PROFICIENCY

This is to certify that **PII BENJAMIN NOBLE** is qualified as **Rating Forming**
Part of Navigational Watch in accordance with the provisions of **Regulation..II/4....** of the
International Convention on Standards of Training, Certification and Watchkeeping for Seafarers
1978, (STCW) and as amended

The holder of this certificate is entitled under the Merchant Shipping Act to serve in a ship requiring a
Certificate of that designation.

This Certificate of Proficiency is subject to endorsements as to any additional requirement in
accordance with the above Regulations.




Photograph of Holder of Certificate

Date of birth of Certificate Holder **05/05/85**

Date of issue **17/04/2014**

Signature of Holder of the Certificate 

Signature of Authorised official 
ENGR. VINCENT C. UDOE

FEDERAL REPUBLIC OF NIGERIA



Certificate of Competency Verification Merchant Shipping Act (Training & Certification of Seafarers) Regulation 2010



| | |
|-------------------------------|--|
| CERTIFICATE NUMBER: | NRAT.NAV.5038 |
| NAME: | PII BENJAMIN NOBLE |
| CAPACITY: | RATING FORMING PART OF NAVIGATIONAL WATCH |
| LIMITATION: | UNLIMITED |
| STCW REG: | II/4 |
| DATE OF BIRTH: | 05-May-1985 |
| ISSUE DATE: | 17-Apr-2014 |
| LAST REVALIDATION: | 17-Apr-2014 |
| VALID UNTIL: | 16-Apr-2020 |
| DISCHARGE BOOK NUMBER: | NIG-042949 |

Certificate Issued Under The Provision Of The International Convention On Standard Of Training,
Certification And Watchkeeping For Seafarers.



**NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY
(NIMASA)**



CERT NO. **NAB.NAV.3386**

CERTIFICATE OF PROFICIENCY

This is to certify that **PII BENJAMIN NOBLE** is qualified as **Able Seafarer deck** in accordance with provisions of **Regulation 11/5** of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978 (STCW) and as amended

The holder of this certificate is entitled under the Merchant Shipping Act to serve in a ship requiring certificate of that designation

The certificate of proficiency is subject to endorsements as to any additional requirement in accordance with the above regulations



Photograph of holder of Certificate

Date of birth of Certificate holder: **05/05/85**

Date of issue: **24/10/2020**

Signature of holder of Certificate:

Signature of Authorized official:

CAPT. SUNDAY M. UMOREN

FEDERAL REPUBLIC OF NIGERIA



Certificate of Competency Verification Merchant Shipping Act (Training & Certification of Seafarers) Regulation 2010



| | |
|-------------------------------|----------------------|
| CERTIFICATE NUMBER: | NAB.NAV.3386 |
| NAME: | PII BENJAMIN NOBLE |
| CAPACITY: | ABLE SEAFARER (DECK) |
| LIMITATION: | UNLIMITED |
| STCW REG: | II/5 |
| DATE OF BIRTH: | 05-May-1985 |
| ISSUE DATE: | 24-Oct-2020 |
| LAST REVALIDATION: | 24-Oct-2020 |
| VALID UNTIL: | 23-Oct-2025 |
| DISCHARGE BOOK NUMBER: | NIG-042949 |

Certificate Issued Under The Provision Of The International Convention On Standard Of Training,
Certification And Watchkeeping For Seafarers.



NAB.NAV.3386



FEDERAL REPUBLIC OF NIGERIA

239826

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>P II</u> | Given Names: <u>BENJAMIN NOBLE</u> |
| Discharge Book No: <u>SSID NO: M4 042949</u> | Passport No: <u>B02137082</u> |
| Date of Birth: <u>05 05 1985</u> | Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/> |
| | Nationality: <u>NIGERIAN</u> |

| | |
|--|-------------|
| Department: (Tick relevant box) | Rank: _____ |
| Deck <input checked="" type="checkbox"/> Engine <input type="checkbox"/> Catering <input type="checkbox"/> | |
| Other (specify): _____ | |

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>26 2025</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 | Deck | Engine | Steward/Others |
| Fit <input type="checkbox"/> Unfit <input type="checkbox"/> | Fit <input checked="" type="checkbox"/> Unfit <input type="checkbox"/> | Fit <input type="checkbox"/> Unfit <input type="checkbox"/> | Fit <input type="checkbox"/> Unfit <input type="checkbox"/> |

| | |
|---------------------------------------|--|
| Date of Examination <u>02 06 2025</u> | Expiry Date of Certificate <u>02 06 2027</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: Benjamin Noble

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

DR. OYIN OGBURN
PLOT 11, KADUNA RESIDENTIAL ESTATE
PO BOX 1504 PORT HARCOURT

SIGNED: _____
DATE: _____





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: P II OTHER NAMES: BENJAMIN NOBLE
DATE OF BIRTH: 5/5/1985 AGE: 40 SEX: M NATIONALITY: NIGERIAN
DATE OF APPLICATION: 21/6/2025 PLACE OF BIRTH: BIARRA
Discharge Book NO.: N75 042949 Company: 802137082 Vessel: 080688353589
Address: _____

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)

(A.) Tetanus ☐ YES ☐ NO IF YES DATE _____ (B.) Typhoid Fever ☐ YES ☐ NO IF YES DATE _____ (C.) Cholera ☐ YES ☐ NO IF YES DATE _____ (D.) Meningitis ☒ YES ☐ NO IF YES DATE 4/1/24
(E.) Yellow Fever ☒ YES ☐ NO IF YES DATE 4/1/24 (F.) Hepatitis ☐ YES ☐ NO IF YES DATE _____ (G.) Tuberculosis ☐ YES ☐ NO IF YES DATE _____

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 _____

I, P II BENJAMIN NOBLE 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)

02-06-2025
Date

P II BENJAMIN NOBLE
Name of Applicant

[Signature]
Signature of Applicant



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: Pt Benjamin Noble
(Surname first)

Discharge Book No: MTG 072949

APPEARANCE

C. C. Good

GENERAL EXAMINATION

Weight: 85kg Height: 168cm Gait: ☒ Normal ☐ Abnormal
Temperature: 36.9°C Blood Pressure: 122/70mmHg Pulse Rate: 76b/m Pailor: no
Palpable ☐ Impalpable ☒ If palpable, state region/location
Lymph Nodes ☐ ☒

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.) Orodental | <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/-46</u> | <u>6/-46</u> |
| With glasses | <u>6/-</u> | <u>6/-</u> |
| Colour Vision | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal | |

(1.) Blood Group & Genotype OW & AA (Enter Results)
(2.) Full blood count Hb = 36g/L, WBC = 9.2 x 10⁹/L
(3.) VDRL ☒ Negative ☐ Positive
(4.) HIV ☒ Negative ☐ Positive
(5.) Hepatitis B Antigen ☒ Negative ☐ Positive
(6.) Widal (for Catering Dept)
(7.) Urinalysis Glucose - 1.0, Bile - 1.0
(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 | <input type="checkbox"/> | <input type="checkbox"/> |

Dr. Madubuike Jene
Physician's Name

RIVON CLINIC
PLOT C-1 RUMUOGBA RESIDENTIAL ESTATE
PO BOX 7581 PORT HARCOURT
SIGNED: _____
DATE: _____

Physician's Signature & Stamp

Rivon Clinic
Physician's Address/Telephone No.



RIVON CLINIC



COY/PRIVATE

PVT

Tel/Fax: 09168442998, 09022354625, 08038832248

E-mail: admin@rivonclinicph.com

E-mail: rivon9649@gmail.com

E-mail: chinelocokpala@gmail.com

LAB NO:

2048

LABORATORY REQUEST AND REPORT FORM

PATIENTS NAME:

Pii Benjamin Nwobu

ADDRESS:

AD:

Ad

SEX:

M

DOCTOR:

TESTS REQUIRED

Seafarin

DIAGNOSES

CHEMICAL PATHOLOGY

| TICK | TEST | RESULT | NORMAL RANGE |
|--------------------------|------------------------------|--------|--------------------------------|
| <input type="checkbox"/> | POTASSIUM | | 3.5 - 5.5mmol/L (Serum) |
| <input type="checkbox"/> | SODIUM | | 135 - 150mmol/L (Plasma) |
| <input type="checkbox"/> | CHLORIDE | | 97 - 107mmol/L |
| <input type="checkbox"/> | CALCIUM | | 2.20 - 2.55mmol/L (20-50years) |
| <input type="checkbox"/> | PH | | 7.35 - 7.45 |
| <input type="checkbox"/> | UREA | | |
| <input type="checkbox"/> | CREATININE FOR WOMEN | | 53 - 106umol/L |
| <input type="checkbox"/> | CREATININE FOR MEN | | 71 - 115umol/L |
| <input type="checkbox"/> | URIC ACID FOR MEN | | 208 - 428umol/L |
| <input type="checkbox"/> | URIC ACID FOR WOMEN | | 155 - 367umol/L |
| <input type="checkbox"/> | TRIGLYCERIDES | | 1.71 - 2.29mmol/L |
| <input type="checkbox"/> | CHOLESTEROL | | <5.2mmol/L |
| <input type="checkbox"/> | HDL | | 1.04 - 1.55mmol/L |
| <input type="checkbox"/> | LDL | | <3.35mmol/L |
| <input type="checkbox"/> | HAEMAIC | | 4.5-65% |
| <input type="checkbox"/> | TOTAL BILIRUBIN | | <21umol/L |
| <input type="checkbox"/> | DIRECT BILIRUBIN | | <3.4umol/L |
| <input type="checkbox"/> | SGOT | | UP TO 40uL (Men) |
| <input type="checkbox"/> | SGPT | | 33uL (Women) |
| <input type="checkbox"/> | FASTING BLOOD SUGAR/COMMENTS | | UP TO 41uL (Men) |
| <input type="checkbox"/> | RANDOM BLOOD SUGAR | | 32uL (Women) |
| <input type="checkbox"/> | TOTAL PROTEIN | | 3.6 - 6.4 mmol/L |
| <input type="checkbox"/> | ALBUMIN | | |
| <input type="checkbox"/> | ALKALINE PHOSPHATASE | | |
| <input type="checkbox"/> | CSF PROTEIN | | |
| <input type="checkbox"/> | CSF GLUCOSE | | |
| <input type="checkbox"/> | H-PYLORI | | |
| <input type="checkbox"/> | OTHERS (SPECIFY) | | |
| <input type="checkbox"/> | PSA | | 0-40g/ml |

HAEMATOLOGY

| TICK | TEST | RESULT | NORMAL RANGE |
|--------------------------|-------------------|--------|-------------------------------|
| <input type="checkbox"/> | FBC | | |
| <input type="checkbox"/> | HAEMOGLOBIN | 11.0 | 11.5 - 15.5g/dL (F) |
| <input type="checkbox"/> | PCV | 26 | 40 - 54% (M) 36-47% (F) |
| <input type="checkbox"/> | WBC COUNT | 9.2 | 4.5-11.0 x10 ⁹ /L |
| <input type="checkbox"/> | ESR (Westergreen) | | 0.3 (M), 0-20 (F) |
| <input type="checkbox"/> | NEUTOPHILES | 63 | 40 - 75% |
| <input type="checkbox"/> | LYMPHOCYTES | 32 | 25 - 45% |
| <input type="checkbox"/> | MONOCYTES | 05 | 2 - 10% |
| <input type="checkbox"/> | EOSINOPHILS | | 0 - 7% |
| <input type="checkbox"/> | BASOPHILS | | 0 - 1% |
| <input type="checkbox"/> | RETICULOCYTES | | 0 - 2% |
| <input type="checkbox"/> | PLATELETS | 254 | 150 - 400 x10 ⁹ /L |
| <input type="checkbox"/> | GENOTYPE | AA | |
| <input type="checkbox"/> | CLOTHING TIME | | 5 - 11sec |
| <input type="checkbox"/> | PROTHROMBIN TIME | | 0 - 14sec |
| <input type="checkbox"/> | BLOOD GROUP | | |
| <input type="checkbox"/> | SICKLING | | |
| <input type="checkbox"/> | OTHERS (SPECIFY) | | |

FILM APPEARANCE/COMMENTS

ORAD positive

SPECIAL TESTS

| TICK | DRUG TEST | +ve | -ve | HORMONAL ASSAY | WIDAL TEST TITRE |
|-------------------------------------|---------------------------|--------------------------|--------------------------|----------------|------------------|
| <input type="checkbox"/> | HCV | <input type="checkbox"/> | <input type="checkbox"/> | | "O" "H" |
| <input type="checkbox"/> | PREGNANCY Test | | | | Salmonella typhi |
| <input type="checkbox"/> | FEACAL Occult Blood | | | | S. Paratyphi A |
| <input type="checkbox"/> | SKIN Snip | | | | S. Paratyphi B |
| <input type="checkbox"/> | HEAF Test | | | | S. Paratyphi C |
| <input type="checkbox"/> | Z.N. Stain | | | | COMMENT |
| <input type="checkbox"/> | Malaria Parasites | | | | |
| <input type="checkbox"/> | Blood Microflaria | | | | |
| <input checked="" type="checkbox"/> | VDRL (Kahn) Test | | | | |
| <input type="checkbox"/> | Rheumatoid Arthritis Test | | | | |
| <input checked="" type="checkbox"/> | Hbs Ag (Hepatitis B) | | | | |
| <input checked="" type="checkbox"/> | Retroviral Screening | | | | |
| <input type="checkbox"/> | ASO Titre | | | | |
| | ALCOHOL TEST | | | | |

Non-reactive (Cell kit used)
Negative (Cell kit used)
Sero-negative (Determine kit used)

MICRO BIOLOGY & PARASITOLOGY

URINALYSIS:

- i. APPEARANCE *Amber & clear*
 ii. PH _____
 iii. GLUCOSE *Negative*
 iv. KETONES _____
 v. BILIRUBIN _____
 vi. BLOOD _____
 vii. SPECIFIC GRAVITY _____
 viii. PROTEIN *Negative*
 ix. NITRITE _____
 x. UROBILINOGEN _____
 xi. LEUCOCYTES _____
 xii. ASCORBIC ACID _____

MICROSCOPY

PUS CELLS/HPF _____ CAST _____
 RBC/HPE _____ CRYSTALS _____
 YEAST CELLS _____ BACTERIAL _____
 EPITHELIAL CELLS _____ PARASITE _____

STOOL

MACROSCOPY _____

 MICROSCOPY _____

SEMEN ANALYSIS:

DATE PRODUCED _____ TIME PRODUCED _____
 TIME RECEIVED _____ TIME EXAMINED _____
 MODE OF PRODUCTION: SELF ☐ CONTACT ☐
 VISCOSITY: _____ REACTION (PH) _____
 ANY SPILLAGE YES/NO _____ LIQUIFACTION TIME _____
 VOLUME: _____ APPEARANCE _____
 TRANSPARENCY _____

MOTILITY

ACTIVELY MOTILE _____
 SLUGGISHLY MOTILE _____
 IMMOTILE _____

MORPHOLOGY

NORMAL _____
 ROUND _____
 AMORPHOUS HEAD _____ DOUBLE TAIL _____
 BROKEN TAIL _____ BENT TAIL _____
 COILED TAIL _____ ABNORMAL MIDPIECE _____
 WBC COUNT _____
 SPERM COUNT _____

OTHERS(SPECIFY)

MICROSCOPY
 PUS CELLS/HPF: _____ RBC/HPF: _____
 EPITHELIAL CELLS: _____ YEAST CELLS: _____
 PARASITE: _____ BACTERIA _____

GRAM:

PUS CELLS:
 GM POS COCCI
 GM POS BACILLI
 GM NEG COCCI
 MONILLIA

CULTURES

- (1) _____

 (2) _____

 (3) _____

ANTIBIOTIC SUSCEPTIBILITY: KEY - Sensitive (S) Resistant ® Moderate (m)

| | 1 | 2 | 3 | | 1 | 2 | 3 | | 1 | 2 | 3 |
|-----------------|---|---|---|----------------|---|---|---|--------------|---|---|---|
| Rocephin | | | | Tarivid | | | | Lincomycin | | | |
| Ampicilin | | | | Gentamicin | | | | Ceporex | | | |
| Ampiclox | | | | Nalidixic Acid | | | | Ciproxin | | | |
| Chloramphenicol | | | | Peflacin | | | | Norfloxacin | | | |
| Floxapen | | | | Streptomycin | | | | Amoxycillin | | | |
| Cotrimoxazole | | | | Rifampicin | | | | Levofloxacin | | | |
| Augmentin | | | | Erythromycin | | | | | | | |

COMMENTS:

Nubani 26/12/20

D: 368

02-06-2025 12:30:46 PM

Female Years

HR : 67 bpm

Diagnosis Information:

Sinus rhythm

Normal ECG

P : 120 ms

PR : 168 ms

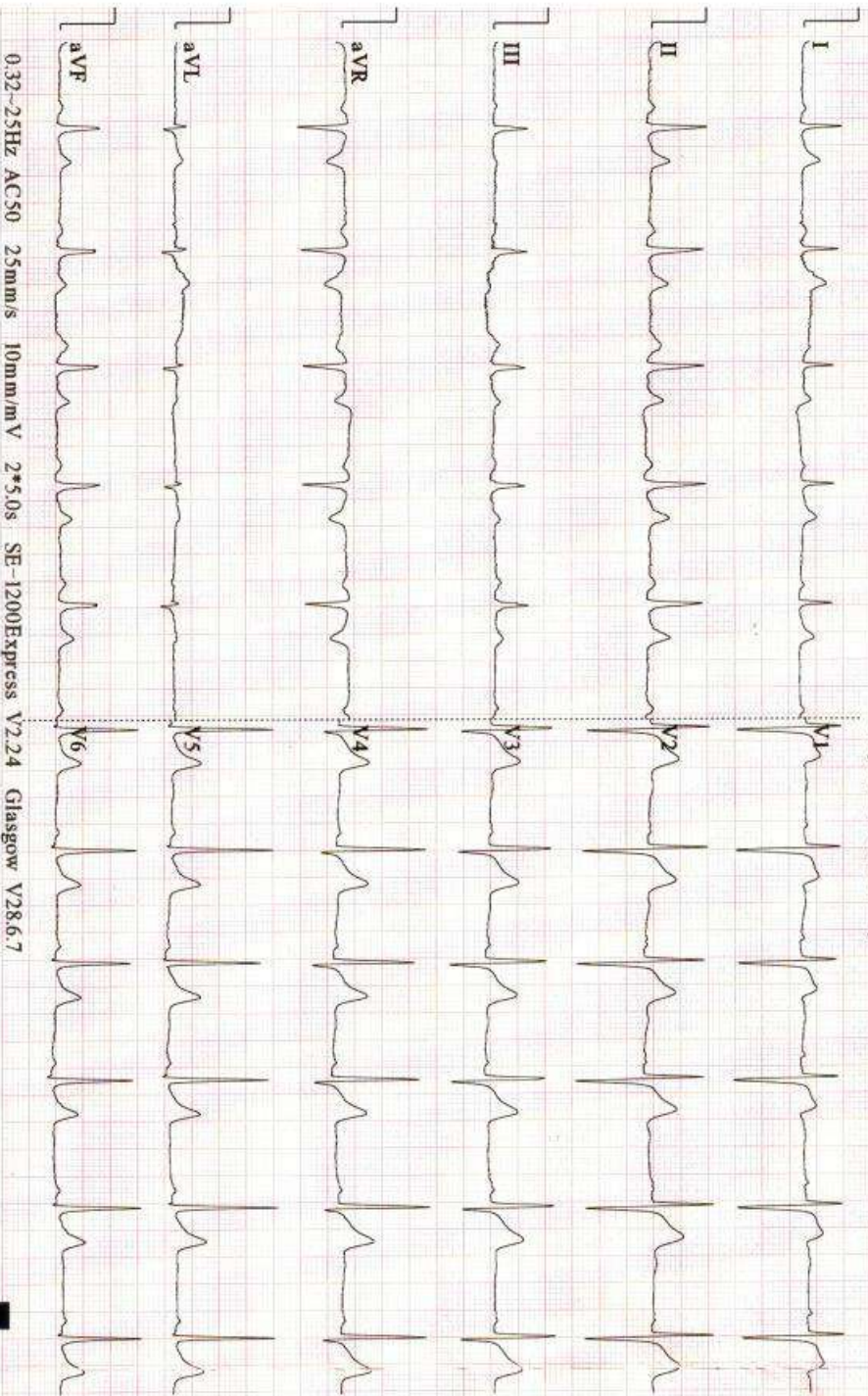
QRS : 98 ms

QT/QTcBz : 376/397 ms

PQRST : 61/58/43 °

RV5/SV1 : 1.808/1.235 mV

Report Confirmed by:



Pii B En Tammis alabie

~~Redu~~



| | | | | | | |
|--|----------------------------|-----------------|----------|-------------------|-------------------|------------------|
| PDS: | SURNAM: Pii | | | | | |
| RANK APPLIED FOR: ARIC Seaman | GIVEN NAME: Benjamin NORIG | | | | | |
| WILLING TO ACCEPT LOWER RANK: | NATIONALITY: NIGERIAN | | | | | |
| PERSONAL DETAILS: noble.benjamin@yahoo.com | | | | | | |
| MARITAL STATUS: married | RELIGION: Christianity | | | | | |
| WEIGHT: 64.7 kg | HEIGHT: 1.68m | | | | | |
| DATE OF BIRTH 5-5-1985 | PLACE OF BIRTH: GOKARA R/S | | | | | |
| MOTHER'S LANGUAGE: GOKARA | | | | | | |
| OTHER LANGUAGES: ENGLISH LANGUAGE | | | | | | |
| PARENTS MOTHER NAME: pii Evelyn | | | | | | |
| PRESENT ADDRESS: No 15 Samuel Amadi Close Rutepokwu PH | | | | | | |
| PHONE: +2348068835358 | | | | | | |
| NEXT OF KINS NAME AND ADDRESS: DAVID BENJAMIN (SON) | | | | | | |
| PHONE: +2348068835358 Same Address | | | | | | |
| WIFE AND CHILDREN NAMES | DATE OF BIRTH | PASSPORT NUMBER | | | ISSUING AUTHORITY | PLACE OF ISSUING |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| DOCUMENTS | DOC. NO | ISSUED | EXPIRES | ISSUING AUTHORITY | ISSUING PLACE | |
| PASSPORT | KO9308987 | 13-06-18 | 12-06-23 | IMMIGRATION | ABU DHABI | |
| SEAMAN'S BOOK-NATIONAL | NIG-042949 | 19-6-2013 | | NINNA-SH | PORT HARCOURT | |
| SEAMAN'S BOOK-FLAG STATE 1 | | | | | | |
| SEAMAN'S BOOK-FLAG STATE 2 | | | | | | |
| MEDICAL CERTIFICATE | EZP 000238 | 1-4-19 | 1-4-2021 | VALENTINE | PORT HARCOURT | |
| VACCINATION-YELLOW FEVER | A147953 | 2-2-2014 | 2-2-2024 | PORT HEALTH | PORT HARCOURT | |

No: 5 Samuel Amadi Close
Rukpokwu
Port Harcourt
Rivers State.

16th MAY 2022.

Nigeria Maritime Administration & Safety Agency
Nigeria Port Authority, Complex
Area I Command,
Port Harcourt
Rivers State.



N/DR/7872

Dear Sir

REQUEST FOR REGISTRATION STATUS AS A SEAFARER

I **BENJAMIN NOBLE PII** of the above address wishes to request for registration status of my seafarer identification number from the Nigeria Maritime Administration & Safety Agency (NIMASA).

Attached here are credentials for your perusal:

| | |
|-----------------------|--------------------------|
| 1. DISCHARGE BOOK NO: | NIG-042949 |
| 2. DATE OF BIRTH : | 5 TH MAY 1985 |
| 3. YELLOW CARD: | A147953 |
| 4. COC: | NAB.NAV.3386 |
| 5. RANK: | A/B |
| 6. STCW: | HP0458RV |
| 7. MEDICAL: | EZP 000203 |
| 8. PASSPORT NO: | A09308987 |
| 9. ISPS: | 03788 |
| 10. EDH: | 004162 |
| 11. HUET: | CM423919200303 |

Thanks For Your Anticipant Grant.

Yours Faithfully,

BENJAMIN NOBLE PII
08068835358

Protection contre le paludisme

Le paludisme, est une maladie grave, parfois mortelle, qui sevit encore à l'état endémique dans un très grand nombre des pays tropicaux et subtropicaux. Vous devez vous protéger contre les piqûres des moustiques (usage de moustiquaires imprégnées, répulsifs). En outre, les médicaments antipaludiques peuvent être utiles, soient pris régulièrement à titre préventif, soient tenus en réserve. Pour le traitement d'urgence d'une fièvre causée par les 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 pour les voyages internationaux.

Si vous prenez des médicaments antipaludiques à titre préventif, il est nécessaire de les prendre de façon 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'à deux ans après votre guérison, ne manquez pas de consulter votre médecin et de l'informer de votre séjour dans une région impaludée.

FEDERAL REPUBLIC OF NIGERIA



INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Issued to / Délivré à

PII BENJAMIN
XLOBLE

Passport No. or Travel Document No.

Numero du passeport ou de la pièce justificative

B1024187101812



(Scan QR Code
to verify)



C1239620

INTERNATIONAL HEALTH REGULATIONS (2005)
RÈGLEMENT SANITAIRE INTERNATIONAL (2005)

INTERNATIONAL CERTIFICATE OF

This is to certify that (name) P. B. N
 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>14 MAY 2024</u> | <u>[Signature]</u> PORT HEALTH OFFICER FMOH, NIGERIA CODE: 3301 |
| | | |

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.

4

VACCINATION OR PROPHYLAXIS

Date of birth 05.05/1985 Sex MALE
 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>STANARIL</u> <u>201W3E68</u> <u>05N16</u> | <u>14.5.24</u> <u>26.25</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.

5 C1239820

OTHER VACCINATIONS - AUTRES VACCINATIONS

| Date | Nature of vaccine Genre de vaccin | Dose | Physician's Signature Signature de médecin | Official Signature Function Official | Stamp |
|-------------------|--------------------------------------|-------|--|--|---|
| 14 MAY 2024 | Bm 17837008 CSm | 0.5ml | | PORT HEALTH OFFICER FMOH, NIGERIA CODE: 3301 |  |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

NIG- 042949

DECLARATION

I DECLARE:

- (i) that the person to whom this Discharge Book relates has Satisfied me that he (she) is a seaman; and
 (ii) that the photograph affixed bearing my official stamp is a true likeness of that person, that the signature within is his (her) true signature, that he (she) possesses the physical characteristics entered within and has stated to me the date and Place of his (her) birth as entered within.



Shipping Masters Embossing Stamp

Signature of the Authorised officer

RAUNDRO J.A.
 Name/Designation

Date *19th JUNE 2013*
Shipping Master, P.A.

2

NIG- 042949

PARTICULARS OF SEAMAN

SURNAME (In block letters)

P11

OTHER NAMES (In full)

BENJAMIN
NOBLE

Date of Birth

5.5.85

Place of Birth

BIARA

Height

1.75M

Colour of Eyes

BROWN

Rolled Thumb Print Impressions

Left Thumb

Right Thumb

Signature of Seaman

3

NIG- 042949

NIG- 042949

CERTIFICATES OF DISCHARGE

compiled from lists of Crew and Official Log Book or from other Official Records,
and copy of Report of Character if desired by the Seaman

| No | * Name of Ship Official Number Gross Tonnage Main Engine Kilowatts | Date and place of | | * Rating | * Description of voyage** | Copy of Report of Character | | Signature of (1) master, and of (2) Shipping Master and official stamp |
|----|--|-------------------|----------------------|----------|------------------------------|-----------------------------|---------------------|--|
| | | Engagement* | Discharge | | | For ability | For general conduct | |
| 13 | L.C.T. DELMA - 11 OFF. NO. 0008135 G.R.T. - 1150 PORT REG. U.A.E. ABU DHABI - U.A.E. | U.A.E. | ABU DHABI DUBAI | AIB | FGV | V/G | V/G | (1) (2) MASTER DELMA-11 |
| 14 | G.R.T. - 1150 PORT REG. U.A.E. ABU DHABI - U.A.E. | 24-10-2006 U.A.E. | 24-10-2007 ABU DHABI | AB | FGM | V/G | V/G | (1) (2) |
| 15 | | U.A.E. | ABU DHABI | AIB | FGV | V/G | V/G | (1) (2) |
| 16 | L.C.T. DELMA - 11 OFF. NO. 0008135 G.R.T. - 1150 PORT REG. U.A.E. ABU DHABI - U.A.E. | U.A.E. | ABU DHABI DUBAI | AIB | FGV | V/G | V/G | (1) (2) |
| 17 | G.R.T. - 1150 PORT REG. U.A.E. ABU DHABI - U.A.E. | 28-10-2006 U.A.E. | 28-10-2007 ABU DHABI | AB | FGM | V/G | V/G | (1) (2) |
| 18 | | U.A.E. | ABU DHABI DUBAI | AIB | FGV | V/G | V/G | (1) (2) |

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













** FGM = Foreign Going
NCV = Near Coastal Voyages

NIG- 042949

NIG- 042949

CERTIFICATES OF DISCHARGE

compiled from lists of Crew and Official Log Book or from other Official Records,
and copy of Report of Character if desired by the Seaman

| No | Name of Ship Official Number Gross Tonnage Main Engine Kilowatts | Date and place of | | Rating | Description of voyage** | Copy of Report of Character | | Signature of (1) master, and of (2) Shipping Master and Official Stamp |
|----|---|--|--|--------|----------------------------|-----------------------------|---------------------|--|
| | | Engagement * | Discharge | | | For ability | For general conduct | |
| 19 | GRT: 100 | 07-01-2019 ONNE PORT | 08-05-2019 UBITUMAN | AB | 19 NCV | V-GOOD V-GOOD | V-GOOD V-GOOD | (1)  (2)  |
| 20 | | 28-05-2019 UBIT UMAN C | 05-08-2019 ETIM SAFE ANCHORAGE | AB | 20 NCV | VERY GOOD | VERY GOOD | (1)  (2)  |
| 21 | | 03-10-2019 UBIT GP MOBIL FIELD | 07-12-2019 UNAM CB MOBIL FIELD | AB | 21 NCV | VERY GOOD | VERY GOOD | (1)  (2)  |
| 22 | KING JESUS IMO NO 5366599 GRT: 47000 Main Engine 1352 | 03/01/20 ONNE PORT PH | 03/03/20 ONNE PORT PH | A/B | 22 NCV | VERY GOOD | VERY GOOD | (1)  (2)  |
| 23 | Call Sign: JPSZ IMO NO 5366599 GRT: 47000 Main Engine 1352 | 04 MAY 20 NGST OIL SHIPYARD P.H | 05 AUG 20 ONNE P.H | A/B | 23 NCV | V/G | V/G | (1)  (2)  |
| 24 | IMO NO: 965653 Flag: NIGERIA Call Sign: 5ADH3 | 05-SEPT-20 ONNE PORT P.H | 04-DEC-20 NGST OIL SHIPYARD P.H | A/B | 24 NCV | V/G | V/G | (1)  (2)  |

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

** FGN = Foreign Going
NCV = Near Coastal Voyages

NIG- 042949

NIG- 042949

CERTIFICATES OF DISCHARGE

compiled from lists of Crew and Official Log Book or from other Official Records,
and copy of Report of Character if desired by the Seaman

| No | Name of Ship Official Number Gross Tonnage Main Engine Kilowatts | Date and place of | | Rating | Description of voyage** | Copy of Report of Character | | Signature of (1) master, and of (2) Shipping Master and official stamp | |
|----|---|-------------------|---------------------------|--------|----------------------------|-----------------------------|---------------------|---|--|
| | | Engagement * | Discharge | | | For ability | For general conduct | | |
| 25 | PRINCESS AJIRIOGHENE PORT OF REGISTRY: LAGOS IMO: 9091364 GT: 3120 NT: 538 BHP: 4 x 1900KW | EBR 4-1-2021 | ONNE PORT 5-3-2021 | A/B | 25 | MCV | V/G | V/G | (1) <i>[Signature]</i> (2) <i>[Signature]</i> MASTER |
| 26 | PRINCESS AJIRIOGHENE PORT OF REGISTRY: LAGOS IMO: 9091364 GT: 3120 NT: 538 BHP: 4 x 1900KW | ONNE 5-6-21 | ONNE PORT 18-2 | A/B | 26 | MCV | V/G | V/G | (1) <i>[Signature]</i> (2) <i>[Signature]</i> MASTER |
| 27 | PRINCESS AJIRIOGHENE PORT OF REGISTRY: LAGOS IMO: 9091364 GT: 3120 NT: 538 BHP: 4 x 1900KW | ONNE 6-11-21 | ONNE PORT 7-1-2022 | A/B | 27 | MCV | V/G | V/G | (1) <i>[Signature]</i> (2) <i>[Signature]</i> MASTER |
| 28 | PRINCESS AJIRIOGHENE PORT OF REGISTRY: LAGOS IMO: 9091364 GT: 3120 NT: 538 BHP: 4 x 1900KW | ONNE 7/8/2022 | ONNE PORT 6/8/2022 | A/B | 28 | MCV | V/G | V/G | (1) <i>[Signature]</i> (2) <i>[Signature]</i> MASTER |
| 29 | PRINCESS AJIRIOGHENE PORT OF REGISTRY: LAGOS IMO: 9091364 GT: 3120 NT: 538 BHP: 4 x 1900KW | ONNE 7/9/2023 | ONNE PORT 5/6/2023 | A/B | 29 | MCV | VERY Good | VERY Good | (1) <i>[Signature]</i> (2) <i>[Signature]</i> MASTER |
| 30 | PRINCESS AJIRIOGHENE PORT OF REGISTRY: LAGOS IMO: 9091364 GT: 3120 NT: 538 BHP: 4 x 1900KW | ONNE 5/8/2023 | ONNE PORT 6/12/2023 | A/B | 30 | MCV | VERY Good | VERY Good | (1) <i>[Signature]</i> (2) <i>[Signature]</i> MASTER |

These columns are to be filled in at the time of engagement.

14

** FGN = Foreign Going
NCV = Near Coastal Voyages

15

**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 NIGERIA

PASSPORT

PASSEPORT
PASSAPORTE

| | | | | | | | | |
|------|-----|-------|------|-------|-------|-----|-----|------|
| 1.00 | 0.0 | 0.0 | 0 | 0.000 | 0.000 | 1.0 | 0.0 | 1.00 |
| 1.0 | 0 | 0 | 0 | 0.0 | 0 | 0 | 0 | 0 |
| 1.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 |
| 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0.00 | 0.0 | 0.000 | 0.00 | 0.0 | 0 | 1.0 | 0.0 | 0.00 |

FEDERAL REPUBLIC OF NIGERIA



| Type / type | Country Code / Code du pays |
|-------------|-----------------------------|
| P | NGA |

Pasport / Passeport
Pasport No. / N° Passeport
B02137082

P11

BENJAMIN NOBLE

NIGERIAN

Date of Birth / Date de Naissance

05 MAY / MAI 85

M BIAR

Date of Issue / Date de l'

Date of Issue / Date de l'

Date of Expiry / Date d'Expiration

02 JUN / JUIN 28

Previous Passport / Passeport précédent
A09308987
NIN
27764760515
Authentic / Authentique
PORTHARCOURT
Holder's Signature / Signature du Titulaire

P<NGAPII<<BENJAMIN<NOBLE<<<<<<<<<<<<<<<<<<<<<<<
B021370828N6A8505051M280602227764760515<<<<22

**COVID-19
VACCINE
IS SAFE
AND
EFFECTIVE**

NATIONAL PRIMARY HEALTH CARE
DEVELOPMENT AGENCY

NG-TO 13984757 KP



Client Copy
FEDERAL MINISTRY OF HEALTH
NATIONAL PRIMARY HEALTH CARE
DEVELOPMENT AGENCY
COVID-19 Vaccination Card



Part 1:

Basic Information

Card No.

Name: PII BENJAMIN Age: 36 Sex: M

State: RIVERS LGA: PHACCA

Ward: H Settlement: HARLEY

Health Facility: RSUTH

Name of Vaccinator: IBIFURO SAM-OMUO

Phone No. of LGA DSN: 08068484019



Part 2:

PII BENJAMIN NOBLE

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 | <div><div>AstraZeneca/Oxford <input type="checkbox"/></div><div>Johnson & Johnson <input type="checkbox"/></div><div>Pfizer <input type="checkbox"/></div><div>MODERNA <input checked="" type="checkbox"/></div></div> | 30/12/21 | 30/8/21 | 27/9/21 | | |
| Dose 2 | <div><div>AstraZeneca/Oxford <input type="checkbox"/></div><div>Pfizer <input type="checkbox"/></div><div>MODERNA <input checked="" type="checkbox"/></div></div> | 30/12/21 | 4/1/21 | Completed | | |

1st Dose

Name of Health Officer:

Otoka Chikarun

Signature:

2nd Dose

Name of Health Officer:

Giffuno Sam - O

Signature:

University of Port Harcourt



Benjamin Noble Pii

*Having fulfilled the requirements of the University
and passed the prescribed examinations has this day been
admitted by the Senate of the University to the degree of*

BACHELOR OF SCIENCE

in

Computer Science

with

Third Class Honours

*in testimony whereof we have hereto affixed the
Common Seal of the University and our signatures.*

Given at Port Harcourt this Thirtieth
day of July, Two Thousand and Fourteen.



Vice-Chancellor

Registrar



ORIGINAL
P/EXC/16B111749

NATIONAL YOUTH SERVICE CORPS

(DIRECTORATE HEADQUARTERS)

Plot 416, Tigris Crescent, off Aguiyi Ironsi street, Maitama, P.M.B, Abuja.



LETTER OF EXCLUSION FROM NATIONAL SERVICE

Pti, Benjamin Noble

1. The above named person with matriculation number **U2008/5570562** graduated from **University of Port Harcourt** with **BSC. in Computer Science** in the year **2014**.
2. However, these categories of graduate, Part-Time have been excluded from participating in the National Youth Service Corps by the Federal Government with effect from 2001.
3. In view of the above, he is hereby issued this letter of Exclusion. I am therefore directed to request you to give him all necessary assistance and recognition.
4. Visit, <http://verify.nysc.org.ng> to verify this document.
5. Thank you.

Date of issue: **24 Nov 2016**



(Signature)

Director (Corps Certification)
for Director General

The West African Examinations Council

West African Senior School Certificate

JUNE 2007

This is to Certify that: **PII BENJAMIN NOBLE**



born on: JANUARY 12, 1986

sex: MALE

having been in attendance at the following recognised school
COMMUNITY SECONDARY SCHOOL, BIARA

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

| SUBJECT | GRADE |
|----------------------|-------|
| COMMERCE | C6 |
| GEOGRAPHY | D7 |
| GOVERNMENT | B2 |
| ENGLISH LANGUAGE | C6 |
| MATHEMATICS | D7 |
| AGRICULTURAL SCIENCE | C6 |
| BIOLOGY | E8 |
| CHEMISTRY | C4 |
| PHYSICS | C5 |
| SUBJECTS RECORDED | NINE |

CD 22

CANDIDATE No.

4331102187

CERTIFICATE No.

NGWASSCS 9624084



[Signature]

Chairman of Council

[Signature]

Registrar to Council

Any alteration, erasure or absence of photograph renders this Certificate invalid.



ONSHORE AND OFFSHORE SAFETY INSTITUTE OF NIGERIA

Established Pursuant to CAP C20 Laws of the Federal Republic of Nigeria, 2004



DEPARTMENT OF
PETROLEUM RESOURCES
FEDERAL GOVERNMENT



OSHA Association UK



INTERNATIONAL SOCIETY OF PROFESSIONAL
SECURITY OFFICERS



NHS



NHS



INSTITUTE OF SAFETY
PROFESSIONALS OF NIGERIA

Certificate Of Training

This is to certify that

PII BENJAMIN NOBLE

Has demonstrated academic excellence with distinction by completing all necessary training,
academic requirements in the onshore and offshore safety institute professional development programme.
This achievement demonstrates commitment and professionalism in the following course.

HEALTH, SAFETY AND ENVIRONMENT

Courses covered include:

- Introduction to Oil and Gas
- Health, Safety And Environment Management System
- Personal Protective Equipment
- Basic Fire Safety And Prevention
- Basic First Aid & CPR
- Material Safety And Data Sheet (MSDS)
- Introduction To Occupational Health & Risk Assessment
- Introduction To Job Safety Analysis (JSA)
- Basic Security Strategies

Verify Certificates:

www.offshoresafetyinstitute.com
ONSHORE AND OFFSHORE SAFETY INSTITUTE
#5 Hon. Johnson Iboroma Avenue, Opposite
Julius Berger Eastern Bypass Port Harcourt,
Tel: +234-8036752038 +234-8036407575
E-mail: offshoresafetyinstitute@gmail.com
website: offshoresafetyinstitute.com

Date Issued: 1st March, 2022
Certificate Code: HSE01032200035
Revalidation: 01:03:26
Hours: 96



SAMUEL SUCCESS
DIRECTOR TRAINING/EXAMINER



ONSHORE AND OFFSHORE SAFETY INSTITUTE OF NIGERIA

Established Pursuant to CAP C20 Laws of the Federal Republic of Nigeria, 2004

CERTIFICATION OF TRAINING

**Affiliations
& Licenses:**

PII BENJAMIN NOBLE

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This achievement demonstrates commitment and professionalism in the following course.

HEALTH, SAFETY AND ENVIRONMENT

LEVEL 2

Date issued: 1st March, 2022
Certificate Code: HSE01032200035
Revalidation: 01:03:26
Hours: 96


SAMUEL SUCCESS
DIRECTOR TRAINING/EXAMINER

Courses covered include:

- Job Safety Analysis (JSA)
- Fire Safety Management
- Security Management System
- Introduction To Confined Space Entry
- Protection And Working At Height
- Introduction to Maritime Safety & Security Mgt.
- Hazard Identification And Risk Assessment
- Occupational Health Management
- Work Place Safety And Good House Keeping
- Accident Investigation And Reporting
- Cv Writing And Documentation Control
- Transportation Safety

Verify Certificates:

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#5 Hon. Johnson Iboroma Avenue, Opposite
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CERTIFICATE OF TRAINING

THIS IS TO CERTIFY THAT

PII BENJAMIN NOBLE

Has demonstrated academic excellence with distinction by completing all necessary training, academic requirements in the onshore and offshore safety institute professional development programme. This achievement demonstrates commitment and professionalism in the following course.

**LEVEL
3**

Date Issued: 1st March, 2022
Certificate Code: HSE01032200035
Revalidation: 01:03:26
Hours: 96

SAMUEL SUCCESS
DIRECTOR TRAINING/EXAMINER

Courses covered includes:

- Oil And Gas Safety Management
- HSE Management System (HSEMS)
- Job Hazard Analysis (JHA)
- Maritime Safety and Security Management
- Permit To Work System
- Confined Space Entry
- Fire Prevention
- Security Intelligence & Surveillance
- Safe Handling Of Chemical
- First Aid And CPR
- Environmental Safety And Waste Management
- Maritime Safety and Security Management
- Physical Security Strategies
- Survival At Sea (SAS)
- Journey Management System (JMS)

Verify Certificates:

www.offshoresafetyinstitute.com
ONSHORE AND OFFSHORE SAFETY INSTITUTE
85 Hon. Johnson Bonome Avenue, Opposite
Julius Berger Eastern Bypass Port Harcourt.
Tel: +234-8036752038 +234-8036407575
E-mail: offshoresafetyinstitute@gmail.com
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