



APPLICATION FOR SEAFARERS' CADETS RECORD BOOK

*All particulars are to be in **CAPITAL LETTERS**

A. PERSONAL DETAILS

.....
 First Name Middle Name Last Name
 Nationality: Date of Birth: / / Place of Birth:
 Physical Address: Phone: Email:
 Color of Hair: Color of Eyes: Complexion:
 Height (cm): Weight (kg):
 Distinguishing Mark (if any):

NEXT OF KIN ADDRESS

Name: Relationship: Phone:

B. FILL NUMBER AND ATTACH COPIES OF THE FOLLOWING CERTIFICATES:

Elementary First Aid: No

Fire Prevention and Fire Fighting: No

Personal Survival Techniques: No

Personal Safety and Social Responsibilities: No

Security Awareness Training: No.....

Passport/Birth Cert/SID: No

Medical Fitness Certificate: **Valid Until**

C. DECLARATION BY THE CANDIDATE

I hereby declare that the information filled in this form is true and correct and TASAC is not liable for the accuracy of the information filled above.

Date / /

Signature

D.FOR OFFICIAL USE

1. VERIFICATION OFFICER

REMARKS:

.....

...../...../.....

Name

Signature

Date

2. PAYMENT DETAILS-CASHIER RECEIVE

Fee payable TZS/USD Receipt No.

Date:/...../..... Signature of receiving officer

