



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



**APPLICATION FORM FOR REVIEW OF ORAL EXAMINATION RESULTS**

**A. PERSONAL DETAILS**

Passport No / CDC No/SID No

Date of Birth

D	D	M	M	Y	Y	Y	Y

**Full Name:**  Mr  Mrs  Ms  Miss

Surname

Other Names

**Place of Birth (Town and Country)**

Town

Country

**Nationality**

**Permanent Address (for contact)**

House Number	Street	P.O. Box	Town City
Region	Postcode	Country	

**Delivery Address (if different from above)**

House Number	Street	P.O. Box	Town/City
Region	Postcode	Country	

**Telephone Land line/Mobile Numbers**

1. <input style="width: 95%;" type="text"/>	2. <input style="width: 95%;" type="text"/>
---------------------------------------------	---------------------------------------------

E-mail Address

**Candidate's Signature and Photograph**

Signature: .....

**Note:** *Should you fail the oral examination, you need to make a fresh application to the Maritime Administration*



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



**B. LAST ORAL EXAMINATION CONDUCTED FOR DUTY AS: Please tick appropriate**

Deck       Engine       Catering

Other (specify): .....

Last oral examination conducted and lead to this review:.....

**APPLICANT’S SIGNATURE AND PHOTOGRAPH**

Please use a black pen to sign

Photograph

  
  
  

Attach Photograph of  
yourself here

**C. REASONS FOR REVIEW**

Please indicate below the ground(s) on which you wish to base your application for review



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



**D. DECLARATION BY THE CANDIDATE**

- a. I declare that the statements I have made in this request for review are true and complete,
- b. I declare that the supporting documents I have submitted are authentic, and
- c. I understand that my request for review requires payment of appropriate fee.

**Examination Candidate Name:**.....

**Examination Candidate Signature:**.....

**Date:** .....

*N.B: Please attach oral examination process survey questionnaire*

**E. FOR OFFICIAL USE ONLY**

**PART I: VERIFICATION BY OFFICER**

**Remarks:**

.....  
 .....  
 .....

<b>Name</b>	<b>Signature</b>	<b>Date</b>

**PART II: PAYMENT DETAILS-CASHIER RECEIVE**

Fee payable	.....	Receipt No.	.....
TZS/USD			
Date:	.....	Signature of	.....
		receiving officer	



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



**PART III: RECOMMENDATION BY MANAGER SEAFARERS**

This applicant is  recommended  not recommended

**Remarks:**

.....  
 .....  
 .....

.....  
**Name** **Signature** **Date**

**PART IV: APPROVAL BY REGISTRAR OF SEAFARERS**

This applicant is  approved  not approved

**Remarks:**

.....  
 .....  
 .....

.....  
**Name** **Signature** **Date**