



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



**APPLICATION FORM FOR REVIEW OF SEAFARER'S MEDICAL EXAMINATIONS RESULT**

**A. APPLICANT'S PARTICULARS**

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	

Landline/Mobile Numbers

1.	2.
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E-mail Address



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**B. EXAMINATION FOR DUTY IN: Please tick appropriate department**

Deck  Engine  Catering  other (specify): .....

Date of conducted medical examination being applied for 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 in writing in the box below the ground(s) on which you wish to base on your review, and attach relevant supporting documents.

**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 the fee paid for the request of reviewing my medical examination results is nonrefundable.

Examination Candidate Name: .....

Examination Candidate Signature: ..... Date: .....

**N.B:** *Results for review will be provided by the Maritime Administration within 14 days from the date of application.*

