

Samuel Ndinovanhu Hamatwi

CURRICULUM VITAE

## PROFESSIONAL SUMMARY

Talented professional with an extensive background in Marine and Industrial. I am dedicated and hardworking with a drive to deliver excellent work.

- Analytical skills
- Flexibility and open-mindedness
- Sports

## PROFESSIONAL EXPERIENCE

My experience from my roles over the years include but are not limited to the following:

## CAREER SUMMARY

### Deckhand | Pescamar Fishing

| February 2017 to September 2021

- Deckhand

### Operator | DME Namibia Solutions)

| October 2022 – till present ( back to back on availability)

- Chipping & Painting, Maintenance Work on the West Eclipse.

### Rope Access Technician | GRO

(West Eclipse )

| 01 August 2023 to 29 September 2023

- Aiding,Ascending,Decending

## SKILLS

- Teamwork
- Communications and idea sharing ➤ Punctuality and time management
- Problem-solving
- Innovativeness and forward thinking
- Conflict resolution
- Interpersonal skills

Industry Training Centre  
Level 1 Rope Access Technician  
23 June 2023 to 22 June 2026

## HOW TO REACH ME

Cell: +264 81 6957873

Address: 4046 James Brown Street Kuisebmond  
Walvis Bay, Namibia

## REFERENCES

1. Albert Plange

+233245211697

Rope Access Technician

Level 3 Inspector

Tell: +233245211697

2. Merjam Nakanyala

DME Namibia Solutions

HR Coordinator

Cell: +264 814917721

3. Naomi Westhuizen

Pescalamar Fishing +264 64207545



DME 0438

REPUBLIC OF NAMIBIA  
NATIONAL IDENTITY CARD

NO 930421 0088 7

SURNAME  
HAMATWI  
FIRST NAME(S)  
SAMUEL NDINOVANHU

*Ha Samuel*



DATE OF BIRTH  
1993-04-21

PLACE/COUNTRY OF BIRTH  
OSHALI

GENDER  
MALE

HEIGHT/IN  
1,65

DATE OF ISSUE  
2013-05-03

APPL. NO.  
X07231

CITIZENSHIP  
CITIZEN

EYE COLOUR  
BROWN



93042100887



7. If a rope access technician loses their logbook, they should replace it immediately, and where possible, obtain references for the hours they have lost. Where lost hours are required to move up a level, e.g. Level 1 to Level 2, the candidate shall obtain credible references to verify the hours they have lost. Maintaining a scanned copy can guard against such problems.
8. Proven fraudulent misuse or alteration of an IRATA International logbook may result in the suspension or withdrawal of the technician's IRATA International certification.

Logbook Serial No: 199950

#### TECHNICIAN'S DETAILS

**NAME:**

Samuel Ndinovanhu Hamatwi

**IRATA No: 1/230307**

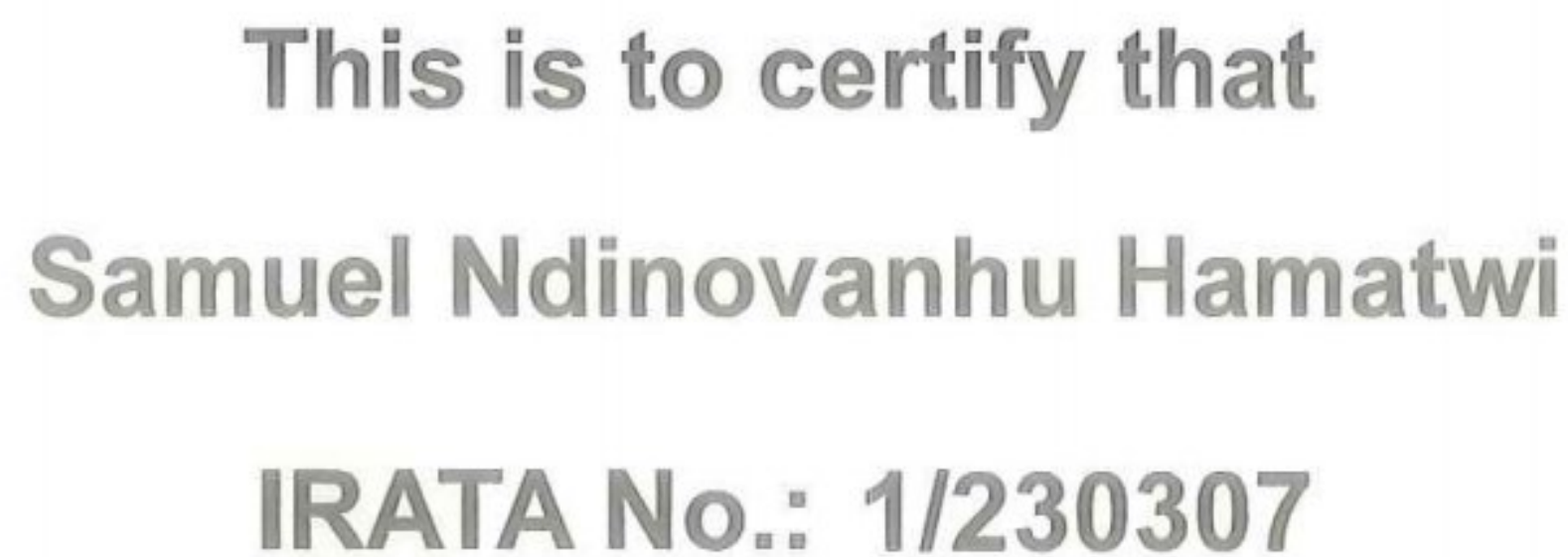


First Passed: 23 Jun 2023

Assessed by: Brett Rory Park-Ross

Technician Signature:





## Level 1 Rope Access Technician

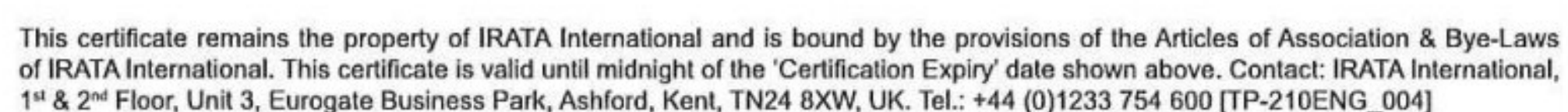
The validity of this certificate should be verified at [www.irata.org](http://www.irata.org)

**Dr S Kondaveeti**  
**Chief Executive Officer**

Date Originally Assessed at this Level: **23 Jun 2023**

Assessment Date: 23 Jun 2023

**Certification Expiry: 22 Jun 2026**





WORK		
Date	Employing company	Details of task being undertaken
01/08/23 to 14/09/23	GRO	Aiding, rope transfer Ascending and Descending Inspection of Dorricks
15/08/23 to 28/08/23	GRO	Ascending and Descending on rope Inspection of Dorricks
29/08/23 to 14/09/23	GRO	Deviation and aiding Ascending and descending Boating inspection
16/09/23 to 29/09/23	GRO	Aiding, Ascending and Descending Crown block inspection
		Total hours
		Running total

199950

22

EXPERIENCE			
Location	Hours worked	Max height worked	Supervisor's signature
West Eclipse Namibia	x 75	80m + -	A. Plange 3/55536 R
West Eclipse Namibia	x 80	80m + -	A. Plange 3/55536 R
West Eclipse Namibia	x 80	80m + -	A. Plange 3/55536 R
West Eclipse Namibia	x 75	80m + -	A. Plange 3/55536 R
for this page	XX	310	
of hours worked	XX	310	

Fraudulent misuse or alteration of this logbook may result in the suspension or withdrawal of IRATA certification.

23

199950





# SURVIVAL OFFSHORE TRAINING cc

## SOUTH AFRICA

### OPITO APPROVED

DOFFSH 3558/5752/280624/0005 SAL  
Certificate number .....

This is to certify that

**HAMATWI SAMUEL**

**93042100887**

Identity document number .....

Has been assessed against the Learner Outcomes of:  
**BASIC OFFSHORE SURVIVAL INDUCTION EMERGENCY TRAINING (BOSI)**  
with **COMPRESSED AIR EMERGENCY SYSTEM (CA-EBS) DIGITAL DELIVERABLE**  
**OPITO: OPITO Approved - Course Code 5752**

Containing the following modules:  
Safety Induction, Heli Safety & Escape (HUET & CA-EBS), Sea Survival & First Aid, Fire Fighting and Self Rescue

From the **28/06/2024** to **28/06/2024**



Instructor



Candidate

28 June 2024

Date of Issue



14081

27 June 2028

Expiry Date



COURSE NUMBER:

SE/29/05/0859

CERTIFICATE NUMBER:

SE/29/05/2629

COURSE STARTING:

20/05/2024

COURSE ENDING:

21/05/2024

ISSUE DATE:

29/05/2024

UNIT STANDARD:

262245

NQF LEVEL:

03

CREDITS:

05

EXPIRY DATE:

29/05/2026

A.I.A. 23/102



# Nirvana

ACADEMY AND INVESTMENTS

Your Safety, Health and Environmental Training Academy

accredited  
**training  
academy**

## COMPETENCY CERTIFICATE

THIS IS TO CERTIFY THAT

**S.N. HAMATWI**

ID NUMBER: **930421 0088 7**

Has successfully completed a training course and appropriate assessments and is  
awarded:

### Scaffolding Erectors

Training Manager

Training Coordinator



Director: J Nel / J Nel / LS Iлека

230 Sam Nujoma avenue Walvisbay

P O Box 4563

Telephone no : 081 653 9405

CERTIFICATE VERIFICATION: [admin@nirvana.co.na](mailto:admin@nirvana.co.na)

CS

CamScanner



# MEDIXX OCCUPATIONAL HEALTH SERVICES



(PTY) Ltd Reg No 99/189, PO Box 2852, Walvis Bay, Namibia  
Walvis Bay Office Telephone : +264 64 221 050  
Arandis Office Telephone: +264 64 512 380  
Swakopmund Office Telephone : +264 64 462 022  
Email: info@medixx.co.na

## MEDICAL CERTIFICATE OF FITNESS FOR OFFSHORE WORK

Medixx NFL:258994

(Issued in accordance with Oil & Gas UK Medical Guidelines)

The Undersigned, Dr. M.N.B. Wohler  
With Medical License Number: OEUK/2023/3462  
Certifies Having Examined: SAMUEL HAMATWI  
Born On: 21/04/1993  
Employed By The Company: PRIVATE  
With The Position Of: ROPE ACCESS  
At The Location (Country & Site): Offshore International  
Examination Type: Oil & Gas Medical

### RESULT:

I Hereby Declare The Employee: FIT

Work Limitations: Not Applicable

### MEDICAL DATA:

The Health Condition Of This Patient Does Not Require His Medical Data To Be Reported To The OFFSHORE Medical Services.

Date Of Examination: 24/06/2024

Date Of Expiry: 24/06/2026

Doctor Signature:

Doctor Stamp:

DR MNB WOHLER  
MBChB; PGDip OccMed  
19, Dr Putsch Harries Drive, Welwitschia Medical Centre  
Walvis Bay, Namibia Tel : (+264 64) 221050  
HPCNA MPR02311  
OEUK / 2023 / 3462

Patient Signature:





REPUBLIC OF NAMIBIA  
REPUBLIQUE DE L'NAMIBIE

*MINISTRY OF HEALTH AND SOCIAL SERVICES*  
*MINISTÈRE DE L'SANTE ET SERVICE SOCIAL*

INTERNATIONAL VACCINATION CERTIFICATE  
CERTIFICAT INTERNATIONAL DE VACCINATION

Issued to:  
Emin a:

Hamdtwi Samuel

Passport No:  
Passeport Nr:

P103861S



INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER  
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that Je soussigné certifie que Hanna Tui Samuel date of birth /  
no le 1993-04-21 sex MALE

whose signature follows dont la signature suit [Signature]

has on the date indicated been vaccinated or revaccinated against yellow fever.  
a été vaccine ou revacciné (e) contre la fièvre jaune à la date indiquée.

Date	Signature and professional status of vaccinator Signature et titre du vaccinateur	Manufacturer and batch no. of vaccine. Fabricant du vaccin et numero du lot	Official stamp of vaccinating centre cachet officiel du centre de vaccination
09/09/24		Manuf.: 01032023 Lot/Lote: X3B57 Exp/Cad: 02-2026 105 977190	

This certificate is valid only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated. The validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination or, in the event of a revaccination, within such period of ten years from the date of revaccination. This certificate must be signed in his own hand by a medical practitioner or other person authorized by the national health administration - his official stamp is not an accepted substitute for his signature. Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation mondiale de la Santé et si le centre de vaccination a été habilité par l'administration sanitaire du territoire dans lequel ce centre est situé. La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination au cours de cette période de dix ans, le jour de cette revaccination. Ce certificat doit être signé de sa propre main par un médecin ou une autre personne habilitée par l'administration sanitaire nationale, un cachet officiel ne pouvant être considéré comme tenant lieu de signature. Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.



SURNAME (in block letters)

HA MATWI

FIRST NAMES (in block letters)

SAMUEL NDINOVANHU

Name, relationship and address of next-of-kin or nearest friend

Name

ARON RUBEN NKOLE

Relationship

BROTHER - IN-LAW

Address

ERF 4299

FRANKIE ABRAHAM S  
P.O. BOX 2277

WATVIS BAY

Address of holder (if different from above):

SAME AS ABOVE



SEAMAN'S RECORD BOOK AND

DECLARATION

This is to certify that this record book has been issued in accordance with the provisions of the Record Book Regulations, and the photograph affixed is a true photograph of the holder of the record book.

*[Signature]*

Signature of proper officer

Date 2018/07/25 Place WILBERT  
2018-07-25



CERTIFICATES OF DISCHARGE


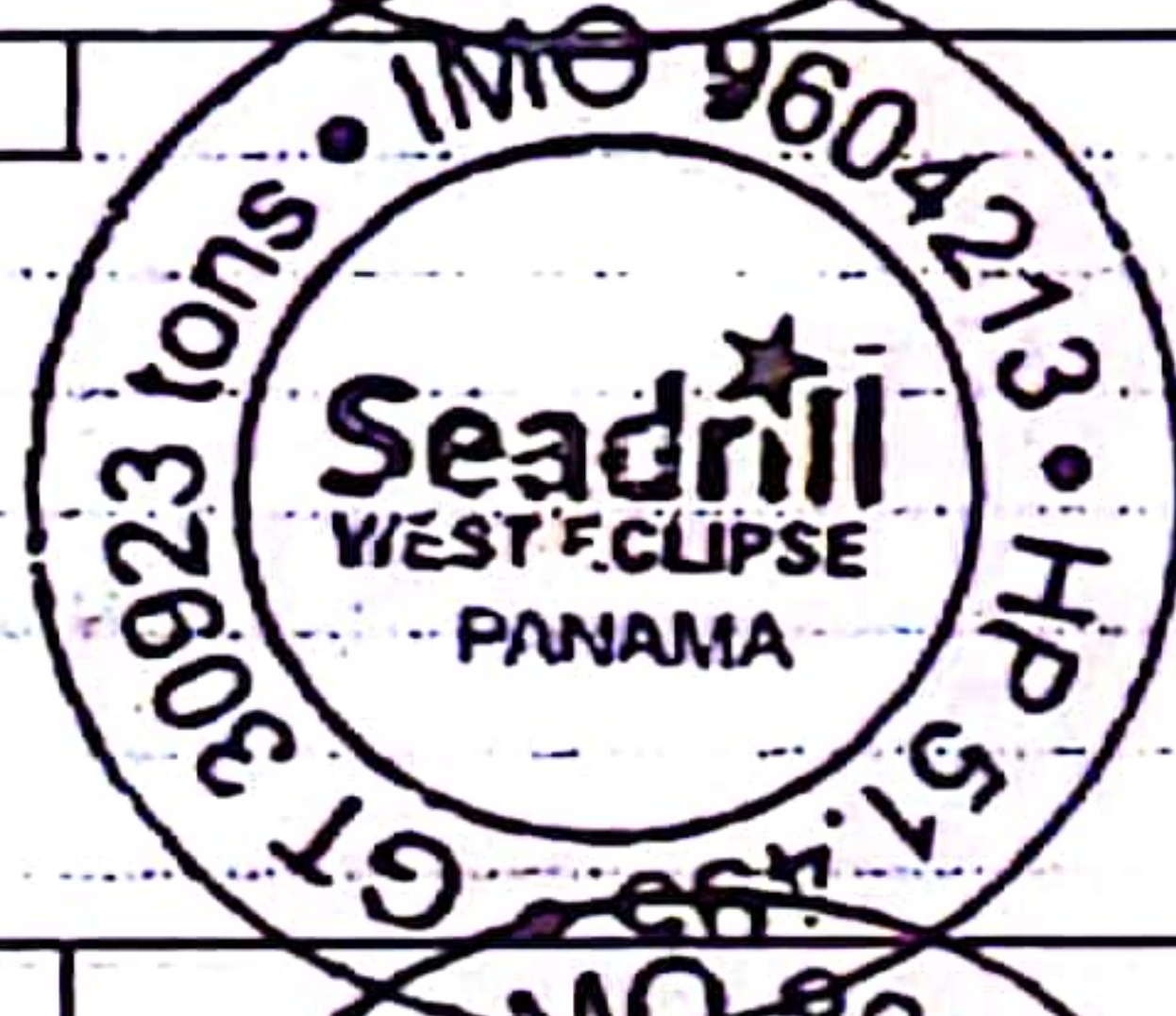
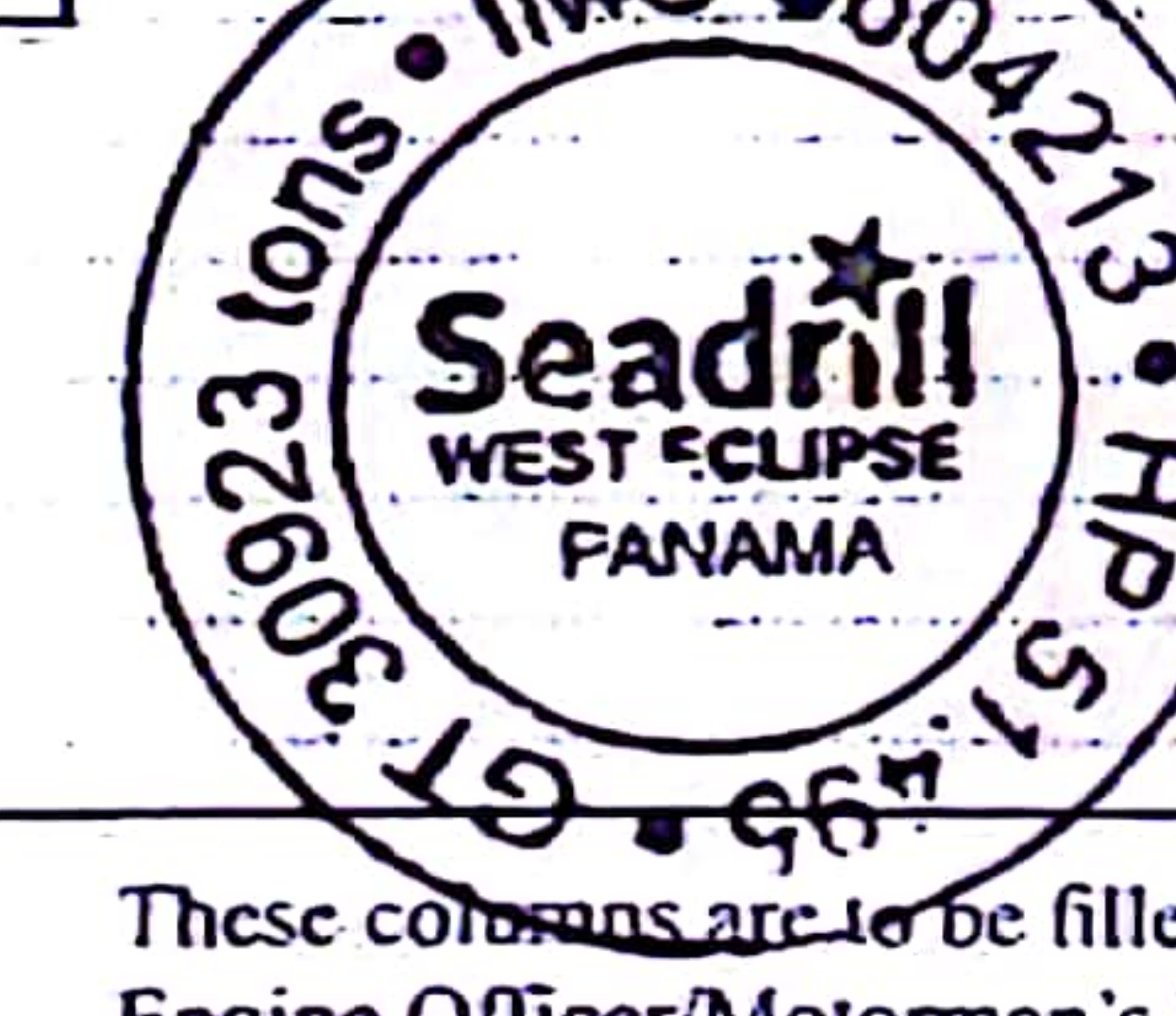
NAME OF SEAMAN			
Surname (in block letters): <u>HAMATWI</u>			
First names (in block letters): <u>SAMUEL</u>			
Blood group		Rhesus	
Height in cm	Colour of -		Complexion
	Eyes	Hair	
<u>1,65</u>	<u>BROWN</u>	<u>BLACK</u>	<u>DARK BLACK</u>
Date, place and country of birth: <u>Oshana</u> <u>1993.04.21</u> <u>NAMIBIA</u>			
Tattoo or other distinguishing marks: <u>NIA</u>			
Nationality <u>NAMIBIAN</u>			

Signature of seaman *[Signature]*



CERTIFICATES

(Compiled from lists of crew and official log-books)

No.	*Name of ship and official number and gross tonnage †	Date and place of		Rank or rating
		*Engagement	Discharge	
17	XIADAS DOUS ECFH	17/11 2020 IN THE SEA	22/11 2020 W/Bay	PASSENGER
18		05 OCT 2022	10 JAN 2023	
19		03 MAR 2023	10 APR 2023	
20		05 MAY 2023	29 MAY 2023	

\* These columns are to be filled in at time of engagement.  
† Engine Officer/Motorman's book insert power. In radio officer's book insert gross tonnage and wireless classification.

OF DISCHARGE

and copy of report of character, if desired by the seaman)

Description of voyage or nature of employment	Copy of report of character		Signature of (1) **master/owner, and of (2) proper officer and official stamp
	For ability	For general conduct	
17 XIADAS DA GUARDA, S.A. C.I.F.A. 37 234 190 Buque XIADAS DOUS Vicente F. Cacho, 2 Teléfono 855 611 189 36780 A GUARDA (Pontevedra)			(1) (2)
18 W/BAY			(1) (2)
19 W/BAY			(1) (2)
20 W/BAY			(1) (2)

\*\* To be signed by the master in the case of a seaman other than a fisherman, and by the owner or master in the case of a fisherman.



