



APPLICATION FOR POSITION AS	2ND OFFICER	OTHER POSITION (IF ANY)	3RD OFFICER
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1. PERSONAL DETAILS

TITLE MR/MRS/MISS	MR	SEX	MALE <input checked="" type="checkbox"/> FEMALE
SURNAME	ARZIMANLI		
FIRST NAME	GORKHMAZ	OTHERS NAMES	N/A
DATE OF BIRTH	10.12.1995	PLACE OF BIRTH	AZERBAIJAN
NATIONALITY	AZERBAIJANIAN	MARITAL STATUS	MARRIED
COLOUR OF EYES	BROWN	COLOUR OF HAIR	BLACK
MOTHER'S NAME	VASILA	FATHER'S NAME	MAYIS
MOTHER'S MAIDEN NAME	SAFAROVA		
HEIGHT (CM)	183	WEIGHT (KG)	68

NEAREST INTERNATIONAL AIRPORT: H.ALIYEV INTERNATIONAL AIRPORT

2. ADDRESS**ADDRESS (TEMP.) FROM/TO:**

NO & STREET	SURAKHANI DISTRICT, GUNASHLI , MASSIVE D , HOME 24/9	NO & STREET	N/A
CITY	BAKU	CITY	N/A
POST CODE	AZ1018	POST CODE	N/A
COUNTRY	AZERBAIJAN	COUNTRY	N/A
TEL. NO.	+994556677567 (WHATSAPP)	TEL. NO.	N/A
MOBILE	+994702262242	MOBILE	+905358767584
E-MAIL	qorxmaz550@gmail.com	E-MAIL	N/A
FAX	N/A	FAX	N/A

3. NEXT OF KIN

FULL NAME	ARZIMANLI YUNIS	RELATIONSHIP	BROTHER
ADDRESS	SURAKHANI DISTRICT, GUNASHLI , MASSIVE D , HOME 24/9		
CITY	BAKU	COUNTRY	AZERBAIJAN
TEL. NO.	+994553919391	MOBILE	+994553919391
		FAX NO.	N/A

4. TRAVEL DOCUMENTS

TYPE	DOCUMENT NO.	ISS.DATE	EXP. DATE	ISS. BY (AUTHORITY)	PLACE OF ISSUE
PASSPORT	C01390452	05.08.2017	05.08.2027	MINISTRY OF INTERNAL AFFAIRS	AZERBAIJAN
SEAMAN BOOK	DQK 014439	19.06.2019	19.06.2024	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN

5. BANK ACCOUNT INFORMATION

BANK NAME	KAPITAL BANK ASC			BRANCH	AHMADLI
BANK ADDRESS	KHATAI DISTRICT, SARAYEVO STREET 7Q				
CITY	BAKU			COUNTRY	AZERBAIJAN
BRANCH CODE	200101	ACCOUNT NO		AZ24AIB410200D8404512213110	
BANK SWIFT CODE	RZBAATWW	BANK TEL. NO	+994123744606		
ACCOUNT OWNER'S NAME		ARZIMANLI GORKHMAZ MAYIS OGLU			
ACCOUNT OWNER'S ADDRESS		SURAKHANI DISTRICT, GUNASHLI , MASSIVE D , HOME 24/9			

6. EDUCATION

SCHOOL NAME	AZERBAIJAN STATE MARINE ACADEMY	FROM	2013	TO	2017
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7. PROFESSIONAL QUALIFICATION / CERTIFICATE OF COMPETENCY

CERTIFICATE NAME	NUMBER	ISSUE DATE	EXPIRY DATE	ISSUED BY (AUTHORITY)	ISSUED AT
OFFICER IN CHARGE OF A NAVIGATIONAL WATCH	0007008	28.06.2019	28.06.2024	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
ENDORSEMENT OF COC	000473/19	28.06.2019	28.06.2024	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN

8. LANGUAGES

ENGLISH	FLUENT		GOOD	X	FAIR		POOR	
TURKISH	FLUENT	X	GOOD		FAIR		POOR	
RUSSIAN	FLUENT		GOOD		FAIR	X	POOR	

9. HEALTH CERTIFICATES & VACCINATIONS

FLAGE STATE	NUMBER	ISSUE DATE	EXPIRY DATE	ISSUED BY (AUTHORITY)	ISSUED AT
INTERNATIONAL(OGUK) OFFSHORE MEDICAL	N/A	25.05.2023	25.05.2025	UNIKLINIKA MEDICAL CENTER (OGUK)	AZERBAIJAN

10. SAFETY CLOTHING

BOILERSUIT SIZE	M	BOOTS SIZE	43
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11. MARINE COURSES

COURSE NAME	NUMBER	ISSUE DATE	EXPIRY DATE	ISSUED BY (AUTHORITY)	ISSUED AT
BASIC SAFETY TRAINING	SO-0642-20	21.05.2020	21.05.2025	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
ADV. FIRE FIGHTING	SJ-0369-21	08.05.2021	08.05.2026	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
BRIDGE RESOURCE MANAGEMENT	SW-0132-19	13.05.2019	13.05.2024	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
MEDICAL FIRST AID	SN-1415-18	26.10.2018	26.10.2023	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
LEADERSHIP AND TEAMWORK	DL-0515-18	19.10.2018	19.10.2023	AZERBAIJAN STATE MARITIME	AZERBAIJAN

				ADMINISTRATION	
DESIGNATED SECURITY DUTIES	SH-0464-22	08.04.2022	08.04.2027	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
PROF. IN SURVIVAL CRAFT & RESCUE BOATS	SL-0690-21	19.05.2021	19.05.2026	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
G.M.D.S.S.(GENERAL OPERATOR)	DQ-0244-22	05.04.2022	05.04.2027	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
RADAR ARPA (MANAGEMENT LEVEL)	SQ-0222-22	14.04.2022	14.04.2027	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
ISM CODE	SP-0626-21	16.05.2021	16.05.2026	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
ISPS BASIC FAMILIARIZATION	SI-1050-22	19.05.2022	06.05.2027	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
ECDIS	SZ-0229-22	26.04.2022	26.04.2027	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN

COMPLETE SEA – SERVICE DETAILS

NAME: GORKHMAZ ARZIMANLI

RANK: 2ND OFFICERAVAILABILITY
DATE: NOW

COMPANY NAME	RANK	VESSEL NAME	SIGNED ON	SIGNED OFF	PERIOD IN MONTHS (eg 4.2)	TYPE OF VESSEL	D.W.T.	ENGINE TYPE (ENGINEERS ONLY)	BHP	KW
ADLER SHIPPING COMPANY	2 ND OFF	BELFAST	23/07/2019	25/02/2020	7	GENERAL CARGO	3100	-	-	-
MY SHIP GROUP	2 ND OFF	MY FILIZ	15/08/2020	15/01/2021	5	GENERAL CARGO	1506	-	-	-
ISKELE SHIPPING	2 ND OFF	MV KONAK	14/07/2021	17/09/2021	2	GENERAL CARGO	3080	-	-	-
FOUR GROUP SHIPPING	2 ND OFF	MV HIMALAYA	01/10/2021	01/04/2022	6	GENERAL CARGO	2183	-	-	-
CAPRAMAR SHIPPING	2 ND OFF	MV TEONA	23/07/2022	15/03/2023	7m15d	GENERAL CARGO	7371	MAK		3000

I declare that the information I have given is, to the best of my knowledge, true and complete. I also declare that the documents submitted are genuine, given and sign by persons whose names appear on them.

DATE

G.ARZIMANLI

SIGNATURE

Officer Application Form		Ref .No	
		(For Official Use)	
Medical History			
Have you ever signed off from a ship due to medical reasons?			NO
(If yes give details)			*yes/no
Name of Vessel		Date of occurrence (dd-mmm-yyyy)	
Brief Description Of illness/Injury/Accident			
Details			
Have you ever suffered from any ailment or disease in the past that is likely to render you unfit for sea service or likely to endanger the health /well being of others onboard?		NO	
(If Yes give details)	*Yes/No		
			Details
Do you have any bodily defects or deficiencies?		NO	
(If Yes give details)	*Yes/No		
			Details
Are you currently suffering from any ailment or disease that is likely to render you unfit for sea service or likely to endanger the healthy /well being of others onboard?		NO	
(If Yes give details)	*Yes/No		
			Details
Are you addicted to alcohol or drug of any kind?		NO	
(If Yes give details)	*Yes/No		
			Details
Are you suffering from an ailment that requires you to be on a long -term treatment/medication?		NO	
(If Yes give details)	*Yes/No		
			Details
Have you ever deported or banned from entering any country?		NO	
(If Yes give details)	*Yes/No		
			Details
Have you ever been convicted of a criminal or drug offence or have any pending offences?		NO	
(If Yes give details)	*Yes/No		
			Details
Do you have any obligations towards your current/previous employers?		NO	
(If Yes give details)	*Yes/No		
<p>I hereby affirm that all the information provided by me in this application is true and correct to the best of my knowledge and belief; further, that no certificate of competency or License issued to me has ever been Revoked or Suspended. I also certify that my medical history contained above is true and any false statement or undisclosed Material information about past illness or injury will disqualify me from any employment benefits and claims.</p>			