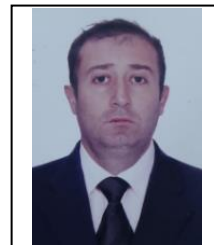




UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position	identity card PIN Number 4WTGPZE
Position Applied for:	Cook
Date Available from:	16.01.2024

2

Personal Information		Gender: Male
First Name: VUSAL	Last Name: RAHMANOV	
Date of Birth: 16.04.1990	Place of Birth (City and Country): Azerbaijan, KHACMAZ	
Email:	Mobile Number: (+994) 55 889 49 39	
Permanent Adress: Khacmaz district, Said Gurbanov street , Home 35	Expected Salary Per Month: 800\$	
Nationality: Azerbaijan	Alternative rank applying for: Cook	
Person to call in emergency: (+994) 55 447 31 90 Brother		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Behruz	Narimanov	Male	Brother	0 55 447 31 90

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Kainat MMC	Azerbaijan	03.2023	07.2023	Course

5

Physical Data	
Height	180
Weight	82
Boilersuit Size	L
Shoes Size	43
Blood group	B(III)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

6

Seaman`s Book & Identify Docs					
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 024668	12.08.2023	Azerbaijan	12.08.2028

Ship Management
ISM&ISPS Management
Ship Agency
Consultations
Provision, Ship Supply

Yacht Management
Technical Management
Ship Brokering
Surveying & Monitoring
New Building & Repair

Sale & Purchasing
Ship Agency
Exclusive Cargo Brokering
Bunker Supply
Technical Services

Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

Republic of Azerbaijan	Azerbaijan	C01724349	24.04.2018	Azerbaijan	19.04.2028
Certificate of Competency	Azerbaijan	RP13300	04.08.2023	Azerbaijan	-
Do you hold a US Visa 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry Date: -
Do you hold a US Visa 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry Date:-
Have you been rejected for any visa applied for?	YES/NO	NO			
If YES, please state the country and reasons	-				

7

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8

Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA, BAKU	04.08.2023
Flag State Endorsements	-	-	-

9

STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-2368-23	UAG	24.05.2023	05.05.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2368-23	UAG	24.05.2023	05.05.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-2368-23	UAG	24.05.2023	05.05.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2368-23	UAG	24.05.2023	05.05.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2368-23	UAG	24.05.2023	05.05.2028
International Safety Management	Azerbaijan	SP-3919-23	UAG	07.12.2023	07.12.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4497-23	UAG	15.12.2023	14.12.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-1458-23	UAG	16.05.2023	05.05.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3026-23	UAG	20.11.2023	17.11.2028

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(Please give a full record starting with the last vessel on which you served)

[illegible]

- Ship Management
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11

For Engineers (Please provide details)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

12

Other Experience

-

12

Travel Documents

Name	YES/NO	Country	Date pf Expire
Schengen	YES/NO	NO	-
US	YES/NO	NO	-
China	YES/NO	NO	-
Australia	YES/NO	NO	-

13

Insurance,Health Related Documentation

Medical Certificate (Fit for Duty)	YES/NO	YES
Vaccination		
Yellow Fever	YES/NO	NO
COVID-19	YES/NO	NO

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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14

Medical history

Have you ever signed off a ship due to medical reasons?	YES/NO	NO
Have you undergone any operation in the past?	YES/NO	NO
Have you consulted a doctor during the last 12 months for an illness/accident?	YES/NO	NO
Do you have any health or disability problems now?	YES/NO	NO
Do you take any medications regularly?	YES/NO	NO

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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15

General

Have you ever been the subject of a court of enquiry or involved in a maritime accident?	YES/NO	NO
Have you ever had a professional license suspended or revoked?	YES/NO	NO

(If YES, please give full details and attach a separate page if necessary)

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16

References *(Please give the name and address of your current or immediate past employer)*

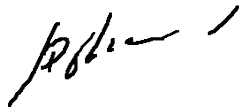
Name of company	1.-	2.-
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

17

Declaration

I hereby declare that the above particulars are true and authorise you to contact the referees listed above.

I have read it, I am familiar with it, I confirm with my signature.



Signature

Date: 16.01.2024

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