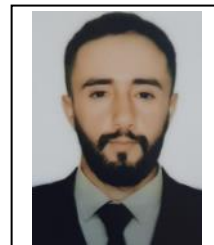




UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

Position		identity card PIN Number 61XEZM5
Position Applied for:	Rating forming part of a navigational watch	
Date Available from:	01.02.2024	

2

Personal Information		Gender: Male
First Name: ASAF	Last Name: SADIGOV	
Date of Birth: 18.09.1994	Place of Birth (City and Country): Azerbaijan, LERIK	
Email:	Mobile Number: (+994) 51 380 70 55	
Permanent Adress: Massali district, Qizil Avar village	Expected Salary Per Month: 1000\$	
Nationality: Azerbaijan	Alternative rank applying for: Rating forming part of navigational watch	
Person to call in emergency: (+994) 50 445 33 84 Brother		

3

Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Anar	Sadigov	Male	Brother	050445 33 84

4

Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Caspian Education Center MMC	Azerbaijan	07.2022	12.2022	Course

5

Physical Data	
Height	160
Weight	58
Boilersuit Size	S
Shoes Size	42
Blood group	A(II)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
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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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 022995		15.03.2023	Azerbaijan		15.03.2028
Certificate of Competency	Azerbaijan	RP 12398		07.02.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C01484721		27.07.2017	Azerbaijan		26.07.2027
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	07.02.2023
Flag State Endorsements	-	-	-

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STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-4218-22	UAG	14.09.2022	14.09.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4218-22	UAG	14.09.2022	14.09.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-4218-22	UAG	14.09.2022	14.09.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4218-22	UAG	14.09.2022	14.09.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4218-22	UAG	14.09.2022	14.09.2027
International Safety Management	Azerbaijan	SP-2825-22	UAG	21.09.2022	21.09.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2944-22	UAG	21.09.2022	19.09.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-2213-22	UAG	15.09.2022	15.09.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	S-1187-22	UAG	23.09.2022	23.09.2027

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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

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

[illegible]

- Ship Management
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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	-

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Insurance,Health Related Documentation

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

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

Name of company	1. Okean Marine	2.-
Name of person to contact	Ismayil Bey	-
Address	-	-
☎ No.	+994 51 622 99 44	-

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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: 25.01.2024

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