



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 60100287992
Position Applied for:	Able Seafarer Deck
Date Available from:	29.01.2024

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Personal Information		Gender: Male
First Name: AHMET	Last Name: KARA	
Date of Birth: 12.06.1981	Place of Birth (City and Country): Turkey, RIZE	
Email: Egemenkara53@hotmail.com	Mobile Number: (+90) 539 842 64 92	
Permanent Adress: Rize Merkez	Expected Salary Per Month: 1400\$	
Nationality: Turkish	Alternative rank applying for:	
Person to call in emergency: 053687 305 53 Wife		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Kezban	Kara	Male	Wife	05368730553

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
-	-	-	-	-

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Physical Data	
Height	160
Weight	60
Boilersuit Size	S
Shoes Size	40
Blood group	AB+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

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Seaman`s Book & Identify Docs					
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Turkey	S 00382032	07.12.2022	Turkey	07.12.2027

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 Turkey	Turkey	U32620428	27.12.2023	Turkey	25.11.2024
Certificate of Competency	Turkey	6873EA93	15.11.2022	Turkey	28.10.2027
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	-				

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Professional Test

Professional Test Date	Name of Test	Score
-	-	-

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Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Turkey	Turkey City	28.10.2027
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 Training Certificate	Turkey	0A46C54C	TR	15.11.2022	28.10.2027
FIRE PREVENTION & FIRE FIGHTING	Turkey	76E27063	TR	15.11.2022	28.10.2027
ELEMENTARY FIRST AID	Turkey	2BD57359	TR	15.11.2022	28.10.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Turkey	52D05706	TR	15.11.2022	28.10.2027
Security -Related Familiarization Certificate	Turkey	11299779	TR	30.09.2019	30.09.2024
Navigational Watchkeeping Certificate	Turkey	782F549F	TR	02.02.2023	02.02.2028
Proficiency in Survival Craft & Rescue Boats	Turkey	31F5D46	TR	15.11.2022	28.10.2027
Security Awareness Training For All Seafarers	Turkey	11299778	TR	30.09.2019	30.09.2024
Security Training For Seafarers With Designated Security Duties	Turkey	11299777	TR	30.09.2019	30.09.2024

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

[illegible]

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For Engineers (Please provide details)

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

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Other Experience

-

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

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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.

Date: 29.01.2024

Signature

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