



APPLICATION FORM

1	Position	identity card PIN Number 1TMVQCS
	Position Applied for:	Cook
Date Available from:		01.03.2024

Gender: Male 2 Personal Information **Last Name: FATIYEV** First Name: MAHIR Date of Birth: 03.02.1975 Place of Birth (City and Country): Azerbaijan, SABIRABAD Mobile Number: (+994) 50 344 41 54; 070 344 41 54 Email: Permanent Adress: Galagayin village, Expected Salary Per Month: <u>20</u>00\$ Sabirabad Azerbaiajam Nationality: Azerbaijan Alternative rank applying for: -Person to call in emergency: (+994) 50 399 31 43 Son

Family Details: (If Unmarried kindly give details of Father / Mother)

First Name Last Name Gender Relation Contact

Marifat Fatiev Male Son 050 399 31 43

 Name of school
 Country
 From
 To
 Type of degree or diploma

 Azerbaijan Maritime College
 Azerbaijan
 2004
 2004
 Sub-Bachelor

Height

Height

178

Weight

Boilersuit Size

Shoes Size

Blood group

Additional Physical Information:{You can write any other information you want to add about your physique in this field.}

| Seaman's Book & Identify Docs | DATE OF ISSUE | PLACE OF ISSUE | DATE OF EXPIRY |

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Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair Sale & Purchasing Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

Seaman Book	Azerbaijan	DQK 0262	278	29.12.2023	Azerbaijan		29.12.2028
Certificate of Competency	Azerbaijan	RP05706		08.05.2023	Azerbaijan		-
Do you hold a US Vis	Do you hold a US Visa 'C1/D'?			Issue Date:	-	Expiry D	ate: -
Do you hold a US Vis	YES/NO	NO	Issue Date:	-	Expiry D	ate:-	
Have you been reject	YES/NO	NO					
If YES, please state t	he country and re	asons	-				

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	08.05.2023
Flag State Endorsements	-	-	-

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STCW Certificates & Trainings							
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry		
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-0406-23	UAG	26.01.2023	25.01.2028		
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0406-23	UAG	26.01.2023	25.01.2028		
ELEMENTARY FIRST AID	Azerbaijan	SO-0406-23	UAG	26.01.2023	25.01.2028		
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0406-23	UAG	26.01.2023	25.01.2028		
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0406-23	UAG	26.01.2023	25.01.2028		
International Safety Management	Azerbaijan	SP-0009-24	UAG	10.01.2024	10.01.2029		
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-4622-23	UAG	28.12.2028	28.12.2028		
Security Awareness Training For All Seafarers	Azerbaijan	SI-0029-24	UAG	08.01.2024	08.01.2029		
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0075-24	UAG	12.01.2024	12.01.2029		
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-1174-23	UAG	30.12.2023	30.12.2028		
Personal HSE Passport	Azerbaijan	6685	CTCB	15.07.2020	14.07.2024		

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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

Seagoing Experience

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

COMPANY	Name of vessel	Flag	Vessel's Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
ASCO	I.HUSEYINOV	Azerbaija n	Pipe Layer	7211	-	17592	-	Cook	2018	2022	2 year	End of Contract
ASCO	AZERBAIJAN	Azerbaija	Crane	5923	-	13339	1-/-/	Cook	2018	2022	-	End of Contract
ASCO	TOFIQ ISMAYILOV	Azerbaija n	Diving Support Vessel	1386		4298	Ō.E	Cook	03.2023	11.2023	8 month	End of Contract
ASCO	QURBAN ABBASOV	Azerbaija n	Crane	3343	-	21564	-	Cook	03.2023	09.2023	7 month	End of Contract
ASCO	RASHID BEHBUDOV	Azerbaija n	Crew Boat	189	-	1441	-	Cook	2017	2018	1 year	End of Contract
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Sale & Purchasing Ship Agency Exclusive Cargo Brokering **Bunker Supply Technical Services**

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Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
-					
Travel Documents		VEONO	Committee	D-1	
Name Schengen		YES/NO YES/NO	Country NO	Date	pf Expire
US		YES/NO	NO		-
China		YES/NO	NO		-
Australia		YES/NO	NO		-
Insurance,Health Related I	Documentation				
Medical Certificate (Fit for D				YES/NO	,
·	//	Vaccin	ation	I LO/INO	
Yellow Fever		· · · · · · · · · · · · · · · · · · ·		YES/NO	
COVID-19				YES/NO	,
answer is YES to any of the	above, please give	e full details and at	tach a separate page if r	necessary)	
answer is YES to any of the	above, please giv	e full details and at	tach a separate page if r	necessary)	
	above, please giv	e full details and at	tach a separate page if r	necessary)	
Medical history			tach a separate page if r		
Medical history Have you ever signed off a s	ship due to medica	Il reasons?	tach a separate page if r	YES/NO	
Medical history Have you ever signed off a s Have you undergone any op	ship due to medica	Il reasons?		YES/NO YES/NO	
Medical history Have you ever signed off a see Have you undergone any op Have you consulted a doctory	ship due to medica eration in the past r during the last 12	Il reasons? ? ? months for an illne		YES/NO YES/NO YES/NO	
Medical history Have you ever signed off a s Have you undergone any op	ship due to medica eration in the past r during the last 12 isability problems	Il reasons? ? ? months for an illne		YES/NO YES/NO	
Medical history Have you ever signed off a s Have you undergone any op Have you consulted a docto Do you have any health or d	ship due to medica eration in the past r during the last 12 isability problems s regularly?	Il reasons? ? ? months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO	
Have you ever signed off a set Have you undergone any op Have you consulted a doctor Do you have any health or do you take any medications.	ship due to medica eration in the past r during the last 12 isability problems s regularly?	Il reasons? ? ? months for an illne now?	ess/accident?	YES/NO YES/NO YES/NO YES/NO	
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Medical history Have you ever signed off a see Have you undergone any ope Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subj	ship due to medical teration in the past of during the last 12 isability problems is regularly? In the above, place of the above of th	Il reasons? ? ? months for an illne now? lease give full deta	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	y)
Medical history Have you ever signed off a see that the your undergone any open have you consulted a doctor to you have any health or do you take any medications (If the answer is YES to a	ship due to medical eration in the past of during the last 12 isability problems is regularly? In the above, proceed of a court of erational license suspense.	Il reasons? ? ? months for an illne now? lease give full deta enduiry or involved in ended or revoked?	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	y)
Medical history Have you ever signed off a see Have you undergone any open Have you consulted a doctor Do you have any health or do Do you take any medications (If the answer is YES to a General Have you ever been the subject of t	ship due to medical eration in the past of during the last 12 isability problems is regularly? In the above, proceed of a court of erational license suspense.	Il reasons? ? ? months for an illne now? lease give full deta enduiry or involved in ended or revoked?	ess/accident? ils and attach a separate n a maritime accident?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	y)

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Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services 16 References (Please give the name and address of your current or immediate past employer)

	<u> </u>	, ,
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

30.01.2024 Date:

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