



APPLICATION FORM

1	Position	identity card PIN Number 7CYV93D
	Position Applied for:	Rating Forming part of a Navigational Watch
	Date Available from:	-

First Name: GURBAN	Last Name: IBRAHIMLI
Date of Birth: 06.03.2001	Place of Birth (City and Country): Azerbaijan, MASALLI
Email:-	Mobile Number: (+994) 51 934 64 72; +7 952 581 97 12
Permanent Adress: Masalli district	Expected Salary Per Month: 1200\$
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarried kindly give details of Father / Mother)										
	First Name	Last Name	Gender	Relation	Contact 0503786971						
	Shekur	Ibrahimov	Male	Brother							

4	Maritime Education										
	Name of school	Country	From	То	Type of degree or diploma						
	Kainat MMC	Azerbaijan	09.2022	03.2023	Course						

Physical Data	
Height	179
Weight	100
Boilersuit Size	XL
Shoes Size	43
Blood group	A(II)RH+

Seaman's Book & Id	lentify Docs		
			DATE OF

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 023542	05.05.2023	Azerbaijan	05.05.2028

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

Certificate of Competency	Azerbaijan	RP12785		26.04.2023	Azerbai	jan	-
Republic of Azerbaijan	Azerbaijan	C03323124		18.03.2023	Azerbaijan		17.03.2033
Republic of Panama	Panama	PA0	484749	19.09.2023	Panama City		14.06.2028
Do you hold a US Visa	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Visa	Do you hold a US Visa 'B1/B2'? YES/NO NO					Expiry Date:-	
Have you been rejecte	YES/NO	NO					
If YES, please state th	-	•					

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	26.04.2023
Flag State Endorsements	Panama	Panama City	14.06.2028

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STCW Certificates & Trainings										
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry					
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-1330-23	UAG	27.03.2023	27.03.2023					
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-1330-23	UAG	27.03.2023	27.03.2023					
ELEMENTARY FIRST AID	Azerbaijan	SO-1330-23	UAG	27.03.2023	27.03.2023					
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-1330-23	UAG	27.03.2023	27.03.2023					
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-1330-23	UAG	27.03.2023	27.03.2023					
International Safety Management	Azerbaijan	SP-0961-23	UAG	29.03.2023	29.03.2028					
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1073-23	UAG	28.03.2023	28.03.2028					
Security Awareness Training For All Seafarers	Azerbaijan	SI-0819-23	UAG	16.03.2023	16.03.2028					
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0808-23	UAG	31.03.2023	30.03.2028					

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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
CUDA SHIPPING	M/V SEA BREEZE II	PANAMA	GENERA L CARGO	-	-	4992	-	II/4	12.06.2023	20.01.2024	7 month	End of Contract
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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

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

Generators					
Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
-					
Travel Documents					
Name	YES/NO		ountry	Da	te pf Expir
Schengen	YES/		NO NO		-
US China	YES/		NO		-
Australia	YES/		NO		-
Tastraria	1 1 2 9,				
Insurance, Health Related Doo	cumentation				
Medical Certificate (Fit for Duty				YES/N	0
V II - E	,	Vaccination			
Yellow Fever				YES/N	
COVID-19				YES/N	0
e answer is YES to any of the ab	ove, please give full details	and attach a	separate page if r	necessary)	
e answer is YES to any of the ab	ove, please give full details	and attach a	separate page if r	necessary)	
e answer is YES to any of the ab	ove, please give full details	and attach a	separate page if r	necessary)	
·	ove, please give full details	and attach a	separate page if r	necessary)	
Medical history		and attach a	separate page if r	necessary)	
Medical history Have you ever signed off a ship	due to medical reasons?	and attach a	separate page if r	YES/N	
Medical history Have you ever signed off a ship Have you undergone any opera	due to medical reasons?			YES/N YES/N	0
Medical history Have you ever signed off a ship Have you undergone any opera Have you consulted a doctor do	o due to medical reasons? Ition in the past? Iring the last 12 months for			YES/N YES/N YES/N	0
Medical history Have you ever signed off a ship Have you undergone any opera Have you consulted a doctor du Do you have any health or disa	due to medical reasons? tion in the past? uring the last 12 months for bility problems now?			YES/N YES/N YES/N YES/N	0 0
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Medical history Have you ever signed off a ship Have you undergone any opera Have you consulted a doctor do Do you have any health or disa Do you take any medications re (If the answer is YES to any General Have you ever been the subject Have you ever had a profession	o due to medical reasons? Ition in the past? Iring the last 12 months for bility problems now? Irigularly? of the above, please give for of a court of enquiry or inval license suspended or re-	an illness/acull details and	cident? I attach a separate	YES/N YES/N YES/N YES/N YES/N YES/N	O O O O O O O O O O O O O O O O O O O
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16	References (Please give the name and address of your current or immediate past employer)		ast employer)
	Name of company	1-	2-

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:	29.01.2024

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