



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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<b>Position</b>	<b>identity card PIN Number 4B24SUB</b>
<b>Position Applied for:</b>	Cook
<b>Date Available from:</b>	-

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<b>Personal Information</b>	<b>Gender: Male</b>
<b>First Name: AYAZ</b>	<b>Last Name: AZIMOV</b>
Date of Birth: 07.10.1989	Place of Birth (City and Country): Azerbaijan, UJAR
Email: Ayazazimov1989@gmail.com	Mobile Number: (+994) 55 729 18 06
Permanent Address: Ujar district, Qazigumag village	Expected Salary Per Month:
Nationality: Azerbaijan	Alternative rank applying for: -
<b>Person to call in emergency: (+994) 55 626 73 05 Cousin</b>	

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<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Relation</b>	<b>Contact</b>
Elvin	Khasiyev	Male	Cousin	055 626 73 05

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<b>Maritime Education</b>				
<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
Kainat Maritime MMC	Azerbaijan	01.2023	06.2023	Course

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<b>Physical Data</b>	
Height	168
Weight	90
Boilersuit Size	XXL
Shoes Size	42
Blood group	B(III)RH+
Additional Physical Information: {You can write any other information you want to add about your physique in this field.}	

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<b>Seaman`s Book &amp; Identify Docs</b>					
<b>DOCUMENT</b>	<b>COUNTRY</b>	<b>NUMBER</b>	<b>DATE OF ISSUE</b>	<b>PLACE OF ISSUE</b>	<b>DATE OF EXPIRY</b>

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

Seaman Book	Azerbaijan	DQK 019276		04.02.2022	Azerbaijan		01.02.2027
Certificate of Competency	Azerbaijan	RP06455		04.08.2018	Azerbaijan		04.08.2028
Republic of Azerbaijan	Azerbaijan	C04117150		01.06.2023	Azerbaijan		31.05.2033
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)	-	-	-
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-4555-23	UAG	30.08.2023	18.08.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4555-23	UAG	30.08.2023	18.08.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4555-23	UAG	30.08.2023	18.08.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4555-23	UAG	30.08.2023	18.08.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4555-23	UAG	30.08.2023	18.08.2028
International Safety Management	Azerbaijan		UAG		
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0930-23	UAG	17.11.2023	17.11.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-3998-23	UAG	15.12.2023	15.12.2028

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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
<b>Vaccination</b>		
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.



Signature

Date: 30.01.2027

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