



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 72754019140
Position Applied for:	Rating Forming Part of an Engine-Room Watch
Date Available from:	-

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Personal Information		Gender: Male
First Name: SINAN	Last Name: GOKTASH	
Date of Birth: 01.11.1987	Place of Birth (City and Country): Turkey, CHEKEREK	
Email: sinan.goktas.87@gmail.com	Mobile Number: (+90) 535 067 75 25	
Permanent Adress: Nusretiye neighborhood, Monolya street , No 9	Expected Salary Per Month:1000\$	
Nationality: Turkish	Alternative rank applying for: Oiler	
Person to call in emergency: (+90) 534 208 26 23 Wife		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Damla Chifchi	Goktash	Female	Wife	+905342082623

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

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Physical Data	
Height	167
Weight	85
Boilersuit Size	XXL
Shoes Size	45
Blood group	BRH-
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 00405704	06.09.2023	Turkey	06.09.2028

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

Certificate of Competency	Turkey	048317AE	06.09.2023	Turkey	05.07.2028
Certificate of Competency	Turkey	3AC8A64D	20.12.2023	Turkey	14.12.2028
Republic of Turkey	Turkey	-	-	Turkey	-
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
Designated Security Duties Certificate	Turkey	022AC759	TR	06.09.2023	06.09.2028
Elementary First Aid	Turkey	75F9B386	TR	06.09.2023	05.07.2028
Security-Related Familiarization Certificate	Turkey	5979C8DB	TR	06.09.2023	06.09.2028
Personnel Safety And Social Responsibility Training Certificate	Turkey	414C7AB4	TR	06.09.2023	05.07.2028
Personal Survival Techniques Training Certificate	Turkey	2827F5D8	TR	06.09.2023	21.06.2028
Security Awareness Certificate	Turkey	5D2E953F	TR	06.09.2023	06.09.2028
Fire Prevention And Fire Fighting Training Certificate	Turkey	6166B9BB	TR	06.09.2023	21.06.2028
Certificate of Proficiency in Basic Training For Oil and Chemical Tanker Cargo Operations	Turkey	6C1EF309	TR	06.09.2023	28.08.2028

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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

Oiler

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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	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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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: 05.02.2024

Signature

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