



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

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|------------------------------|---|
| Position | identity card PIN Number 17417266486 |
| Position Applied for: | Engine Cadet |
| Date Available from: | - |

2

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|---|---|---------------------|
| Personal Information | | Gender: Male |
| First Name: BURHAN | Last Name: ZEBIL | |
| Date of Birth: 20.12.1997 | Place of Birth (City and Country): Turkey, GULNAR | |
| Email: burhanzebilla@hotmail.com | Mobile Number: (+90) 505 470 12 97 | |
| Permanent Address: Yeshil Ovacilik settl, Tisan street , Home 73 . Mersin/ Silifike | Expected Salary Per Month: 2000\$ | |
| Nationality: Turkish | Alternative rank applying for: - | |
| Person to call in emergency: (+90) 532 625 04 99 Father | | |

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|--|------------------|---------------|-----------------|----------------|
| Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
| First Name | Last Name | Gender | Relation | Contact |
| Muharrem | Zebil | Male | Father | +905326250499 |
| | | | | |

4

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|---------------------------|----------------|-------------|------------|----------------------------------|
| Maritime Education | | | | |
| Name of school | Country | From | To | Type of degree or diploma |
| Ozel Ekol Denizcilik | Turkey | 13.06.2023 | 29.07.2023 | Course |
| | | | | |

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| Physical Data | |
| Height | 180 |
| Weight | 84 |
| Boilersuit Size | L |
| Shoes Size | 42 |
| Blood group | 0+ |
| 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 |

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

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| | | | | | | | |
|--|--------|------------|----|-------------|--------|----------------|------------|
| Seaman Book | Turkey | S 00406906 | | 21.09.2023 | Turkey | | 21.09.2028 |
| Certificate of Competency | Turkey | 118DD7E6 | | 21.09.2023 | Turkey | | 21.09.2028 |
| Republic of Turkey | Turkey | U32062484 | | 31.07.2023 | Turkey | | 31.07.2033 |
| 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 | | | | - | | | |

7

Professional Test

| Professional Test Date | Name of Test | Score |
|------------------------|--------------|-------|
| - | - | - |
| | | |
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8

License

| Name | Issuing Country | Certificate Number | 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 Techniques Training Certificate | Turkey | 5979851B | TR | 21.09.2023 | 22.08.2028 |
| Certificate of Proficiency in Basic Training For Liquefied Gas Tanker Cargo Operations | Turkey | 5B9D852F | TR | 21.09.2023 | 23.07.2028 |
| Security-Related Familiarization Certificate | Turkey | 48B082A7 | TR | 21.09.2023 | 21.09.2028 |
| Security Awareness Certificate | Turkey | 05DE4188 | TR | 21.09.2023 | 21.09.2028 |
| Certificate of Proficiency Basic Training For oil and Chemical Tanker Cargo Operations | Turkey | 5086B31 | TR | 21.09.2023 | 18.06.2028 |
| Training and Qualifications of Personnel on Passenger Ship Certificate | Turkey | 60A8B59D | TR | 21.09.2023 | 07.09.2028 |
| Designated Security Duties Certificate | Turkey | 549D2F2E | TR | 21.09.2023 | 21.09.2028 |
| Fire Prevention and Fire Fighting Training Certificate | Turkey | 00C94204 | TR | 21.09.2023 | 22.08.2028 |
| Personal Safety and Social Responsibility Training Certificate | Turkey | 67D765A2 | TR | 21.09.2023 | 22.08.2028 |
| Elementary First Aid Training Certificate | Turkey | 02A5912A | TR | 21.09.2023 | 22.08.2028 |

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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)

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

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Other Experience

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| - |
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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 | YES |
| 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

| | | |
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| 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

| | | |
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| 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 authorize you to contact the referees listed above.

I have read it, I am familiar with it, I confirm with my signature.

Date: 27.02.2024

Signature

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