



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

| Position | | identity card PIN Number 19AEAMY |
|-----------------------|-----------------------------|----------------------------------|
| Position Applied for: | Electro Technical - Officer | |
| Date Available from: | - | |

2

| Personal Information | | Gender: Male |
|--------------------------------------------------------------|-----------------------------------------------------|--------------|
| First Name: AZAD | Last Name: HAJIYEV | |
| Date of Birth: 20.12.1974 | Place of Birth (City and Country): Azerbaijan, BAKU | |
| Email: azad.gadzhiev.74@mail.ru | Mobile Number: (+994) 50 353 61 27 | |
| Permanent Address: Baku city, Rahib Mammadov street, Home 89 | Expected Salary Per Month: 4000\$-5000\$ | |
| Nationality: Azerbaijan | Alternative rank applying for: | |
| Person to call in emergency: (+994) 55 348 75 92 Son | | |

3

| Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
|-----------------------------------------------------------------------|-----------|--------|----------|-------------------|
| First Name | Last Name | Gender | Relation | Contact |
| Rauf | Hajiyev | Male | Son | +994 55 348 75 92 |
| | | | | |

4

| Maritime Education | | | | |
|-----------------------------------|------------|------|------|---------------------------|
| Name of school | Country | From | To | Type of degree or diploma |
| Azerbaijan State Maritime College | Azerbaijan | 2008 | 2011 | Sub-Bachelor |
| | | | | |

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| Physical Data | |
|---------------------------------------------------------------------------------------------------------------------------|-----------|
| Height | 180 |
| Weight | 95 |
| 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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| 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

| | | | | | | |
|--------------------------------------------------|------------|------------|------------|-------------|------------|----------------|
| Seaman Book | Azerbaijan | DQK 016574 | 15.10.2020 | Azerbaijan | 15.10.2025 | |
| Certificate of Competency | Azerbaijan | 0000313 | 12.09.2023 | Azerbaijan | 28.08.2028 | |
| Certificate of Competency | Azerbaijan | 0000313 | 12.04.2013 | Azerbaijan | - | |
| Republic of Azerbaijan | Azerbaijan | C03254083 | 16.11.2021 | Azerbaijan | 15.11.2031 | |
| 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 |
|------------------------|--------------|-------|
| - | - | - |
| | | |
| | | |

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 TECHNIQS | Azerbaijan | SO-1301-20 | ASMA | 15.10.2020 | 09.10.2025 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-1301-20 | ASMA | 15.10.2020 | 09.10.2025 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-1301-20 | ASMA | 15.10.2020 | 09.10.2025 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-1301-20 | ASMA | 15.10.2020 | 09.10.2025 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-1301-20 | ASMA | 15.10.2020 | 09.10.2025 |
| International Safety Management | Azerbaijan | SP-2121-21 | ASMA | 24.11.2021 | 12.11.2026 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-1271-20 | ASMA | 14.12.2020 | 08.12.2025 |
| Security Awareness Training For All Seafarers | Azerbaijan | | ASMA | | |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | SH-0138-22 | ASMA | 08.02.2022 | 04.02.2027 |
| Updating | Azerbaijan | XS-0472-23 | ASMA | 28.08.2023 | 28.08.2028 |
| Leadership & Teamwork | Azerbaijan | DL-1220-21 | ASMA | 18.11.2021 | 18.11.2026 |
| Advanced Training in Fire Fighting | Azerbaijan | SJ-0081-20 | ASMA | 06.02.2020 | 06.02.2025 |
| Medical First Aid | Azerbaijan | SN-0162-23 | ASMA | 06.02.2023 | 06.02.2028 |
| Dangerous , hazardous and harmful cargoes | Azerbaijan | SK-0450-19 | ASMA | 01.11.2019 | 25.10.2024 |

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

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

[illegible]

- Ship Management
- ISM&ISPS Management
- Ship Agency
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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 |
| Vaccination | | |
| 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.CMS | 2.- |
| Name of person to contact | Famil Manafov | - |
| Address | - | - |
| ☎ No. | +994 50 306 77 57 | - |

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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: 04.03.2024

Signature

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