



APPLICATION FORM

| Position | identity card PIN Number 17591760602 | |
|---|--|--|
| Position Applied for: | Master | |
| Date Available from: | - | |
| Personal Information | Gender: Male | |
| First Name: AYHAN | Last Name: CAN | |
| Date of Birth: 06.07.1979 | Place of Birth (City and Country): Turkey, ZONGULDAK | |
| Email: Ayhancan57sinop@gmail.com | Mobile Number: (+90) 535 848 20 98 | |
| Permanent Address: Duzkoy Ceyran mahallesi, ,Turkeli, Sinop | Expected Salary Per Month: - Alternative rank applying for: - | |
| Nationality: Turkish | | |

| 3 | Family Details: (If Unmarried kindly give details of Father / Mother) | | | | | | | |
|---|---|-----------|--------|----------|---------------|--|--|--|
| | First Name | Last Name | Gender | Relation | Contact | | | |
| | Aydin | Can | Male | Brother | +905432095700 | | | |
| | | | | | | | | |

Maritime Education Type of degree or Name of school **Country** To From diploma Sinop Turkeli Turkey . Lisesi

| Physical Data | | | | |
|-----------------|------|--|--|--|
| Height | 170 | | | |
| Weight 79 | | | | |
| Boilersuit Size | XL | | | |
| Shoes Size 42 | | | | |
| Blood group | ABH+ | | | |

| 6 | Seaman's Book & Id | lentify Docs | | | | |
|---|--------------------|--------------|--------|---------------|----------------|-------------------|
| | DOCUMENT | COUNTRY | NUMBER | DATE OF ISSUE | PLACE OF ISSUE | DATE OF EXPIRY |

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

| Seaman Book | Honduras 034576 | | | 13.09.2022 | Hon | duras | 13.09.2027 |
|--|-----------------|--------|--------|-------------|-----|--------|------------|
| Certificate of Competency | Honduras | 03 | 4575 | 13.09.2022 | Tu | rkey | 13.09.2027 |
| Republic of Turkey | Turkey | U25 | 373740 | 17.11.2021 | Tu | Turkey | |
| Do you hold a US Visa | a 'C1/D'? | YES/NO | NO | Issue Date: | - | Expiry | Date: - |
| Do you hold a US Vis | a '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 | | | | - | | | |

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 |
| Electronic Chart Display and Information Systems | Greece | IMTC/ECDIS/08224 51 | IMTC | 17.08.2022 | 17.08.2027 |
| Radar Navigation , Radar Plotting and Use of ARPA (Operational Level 0 | Greece | IMTC/RADAR- ARPA/0822456 | IMTC | 17.08.2022 | 17.08.2027 |
| Leadership and Teamwork | Greece | IMTC/LAT/0822453 | IMTC | 17.08.2022 | 17.08.2027 |
| General`s Operators Certificate for Global Maritime Distress and Safety Systems | Greece | IMTC/GMDDSS | IMTC | 17.08.2022 | 17.08.2027 |
| Proficiency in Survival Craft and Rescue Boats Other Than F.R.B | Greece | IMTC/SCRB/08224 58 | IMTC | 17.08.2022 | 17.08.2027 |
| Advanced Training in Fire Fighting | Greece | IMTC/AFF/0822448 | IMTC | 17.08.2022 | 17.08.2027 |
| Ship Security Officer | Greece | IMTC/SSO/082245 7 | IMTC | 17.08.2022 | 17.08.2027 |
| Ship Security Awareness Training and Seafarers with Designated Security Duties | Greece | IMTC/SSA&DSD/09 22534 | IMTC | 29.09.2022 | 29.09.2027 |
| Basic Training , Safety Familiarization and Instruction for All Seafarers | Greece | IMTC/BTS/0822449 | IMTC | 17.08.2022 | 17.08.2027 |
| Ship Simulator and Bridge team / Resource Management | Greece | IMTC/SS&BT&BRM /0822450 | IMTC | 17.08.2022 | 17.08.2027 |
| Marine Environmental Awareness | Greece | IMTC/MEA/082245 4 | IMTC | 17.08.2022 | 17.08.2027 |
| Medical Care | Greece | IMTC/MC/822455 | IMTC | 17.08.2022 | 17.08.2027 |

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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 |
|---------------------|---------------------------|---------|------------------|------|-------------|-------------------|------|--------|------------|-------------|--------------|----------------------|
| ERSAGUN SHIPPING | M/V BREADBOX MARLIN | Paola | Dry Cargo | 5000 | | - | | Master | 06.07.2022 | - | - | End of Contract |
| ALIZE SHIPPING | M/V ALIZE | Vanuatu | Dry Cargo | 1500 | (6) | - | - | Master | 2021 | - | 9 month | End of Contract |
| LOTUS SHIPPING | M/V PGE LILY | Vanuatu | Dry Cargo | | | - | - | Master | 2020 | - | 4 month | End of Contract |
| AKNUR DENIZCILIK | M/V PASHA SHP | Vanuatu | Dry Cargo | 4750 | ¥-/ | - | - | Master | 04.2019 | - | 8 month | End of Contract |
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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

| Vaccination Yellow Fever COVID-19 YES/NO e answer is YES to any of the above, please give full details and attach a separate page if necessary) Medical history Have you ever signed off a ship due to medical reasons? Have you undergone any operation in the past? Have you consulted a doctor during the last 12 months for an illness/accident? Do you have any health or disability problems now? YES/NO YES/NO YES/NO | | | | | |
|--|---|---------------------------|---------------------------|--------------------|-----|
| Other Experience 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 - Australia YES/NO NO - Insurance ,Health Related Documentation Medical Certificate (Fit for Duty) YES/NO YES/NO NO - Vaccination Yellow Fever YES/NO YES/ | | | | | |
| Travel Documents Name YES/NO Schengen YES/NO NO - US YES/NO NO - China YES/NO NO - Australia YES/NO NO - Australia YES/NO NO - Wedical Certificate (Fit for Duty) YeS/NO YeS/NO YeS/NO YeS/NO YeS/NO YeS/NO Waccination YeS/NO YeS/NO YeS/NO YeS/NO Waccination YeS/NO YeS/NO Waccination Waccination YeS/NO Waccination Waccination YeS/NO Waccination YeS/NO Waccination YeS/NO Waccination Waccination Waccination YeS/NO Waccination Wacci | Type of Cranes / No of Reefer Containers | | | | |
| Name | Other Experience | | | | |
| Name | | | | | |
| Name Schengen YES/NO NO O- US YES/NO NO O- China YES/NO NO O- Australia YES/NO NO O- Australia YES/NO NO O- Australia YES/NO NO O- NO O- Australia YES/NO NO O- Insurance ,Health Related Documentation Medical Certificate (Fit for Duty) Vaccination YES/NO Vaccination YES/NO YES/NO WeS/NO O- OVID-19 Vaccination YES/NO O- OVID-19 YES/NO PES/NO O- OVID-19 Australia Australia YES/NO YES/NO O- OVID-19 YES/NO O- OVID-19 Australia Australia YES/NO O- OVID-19 YES/NO O- OVID-19 Australia | - | | | | |
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| Schengen YES/NO NO | Travel Documents | | | | |
| US YES/NO NO - China YES/NO NO - Australia YES/NO NO - Australia YES/NO NO - Insurance Health Related Documentation Medical Certificate (Fit for Duty) YES/NO YES | | | | Date p | |
| China YES/NO NO - Australia YES/NO NO - Australia YES/NO NO - Insurance ,Health Related Documentation Medical Certificate (Fit for Duty) YES/NO Vaccination Yellow Fever YES/NO YES/NO YES/NO Answer is YES to any of the above, please give full details and attach a separate page if necessary) Medical history Have you ever signed off a ship due to medical reasons? YES/NO Have you undergone any operation in the past? YES/NO Have you undergone any operation in the past? YES/NO Do you have any health or disability problems now? YES/NO Do you take any medications regularly? YES/NO (If the answer is YES to any of the above, please give full details and attach a separate page if necessary) General Have you ever been the subject of a court of enquiry or involved in a maritime accident? YES/NO Have you ever had a professional license suspended or revoked? YES/NO YES/NO | | | | | |
| Australia YES/NO NO - Insurance ,Health Related Documentation Medical Certificate (Fit for Duty) YES/NO Vaccination Yellow Fever YES/NO YES | | | | | |
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| Medical Certificate (Fit for Duty) Vaccination Yellow Fever YES/NO COVID-19 answer is YES to any of the above, please give full details and attach a separate page if necessary) Medical history Have you ever signed off a ship due to medical reasons? Have you undergone any operation in the past? Have you consulted a doctor during the last 12 months for an illness/accident? PES/NO Do you have any health or disability problems now? YES/NO Do you take any medications regularly? (If the answer is YES to any of the above, please give full details and attach a separate page if necessary) General Have you ever been the subject of a court of enquiry or involved in a maritime accident? YES/NO Have you ever been the subject of a court of enquiry or involved in a maritime accident? YES/NO Have you ever had a professional license suspended or revoked? YES/NO | Australia | I E3/NU | INO | | |
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| Have you ever had a professional license suspended or revoked? YES/NO | | | | | |
| | - | | | | |
| (If YES, please give full details and attach a separate page if necessary) | lave you ever had a professional license s | uspended or revoked? | | YES/N | 10 |
| | (If YES, please give full details and attac | ch a separate page if no | ecessary) | | |
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| 16 | References (Please give the na | ame and address of your current or immediate pa | st 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 authorize you to contact the referees listed above.

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

Signature

| Date: | 16.04.2024 |
|-------|------------|

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