



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

| | | |
|------------------------------|---|---|
| Position | | identity card PIN Number 7K9ETUS |
| Position Applied for: | Rating forming part of a navigational watch | |
| Date Available from: | - | |

2

| | | |
|---|---|---------------------|
| Personal Information | | Gender: Male |
| First Name: FARID | Last Name: MAMMADOV | |
| Date of Birth: 20.11.2001 | Place of Birth (City and Country): Azerbaijan , KHACMAZ | |
| Email: fmamamedov27@gmail.com | Mobile Number: (+994) 55 568 64 81 | |
| Permanent Address: Khacmaz district , Padar village ,Azerbaijan | Expected Salary Per Month: 1000\$ | |
| Nationality: Azerbaijan | Alternative rank applying for: - | |
| Person to call in emergency: (+994) 55 568 64 81 Brother | | |

3

| | | | | |
|--|------------------|---------------|-----------------|-------------------|
| Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
| First Name | Last Name | Gender | Relation | Contact |
| Khayal | Mammadov | Male | Brother | +994 55 568 64 81 |
| | | | | |

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| | | | | |
|---------------------------|----------------|-------------|-----------|----------------------------------|
| Maritime Education | | | | |
| Name of school | Country | From | To | Type of degree or diploma |
| Kainat Maritime MMC | Azerbaijan | 2023 | 2024 | Course |
| | | | | |

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|--|---------|
| Physical Data | |
| Height | 170 |
| Weight | 70 |
| Boilersuit Size | L |
| Shoes Size | 41-42 |
| Blood group | O(I)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 027397 | 02.04.2024 | Azerbaijan | 02.04.2029 |
| Certificate of Competency | Azerbaijan | RP14700 | 07.03.2024 | Azerbaijan | - |
| Republic of Azerbaijan | Azerbaijan | C03350789 | 09.01.2024 | Azerbaijan | 08.01.2034 |
| 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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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-5969-23 | SMPA | 29.12.2023 | 29.12.2028 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-5969-23 | SMPA | 29.12.2023 | 29.12.2028 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-5969-23 | SMPA | 29.12.2023 | 29.12.2028 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-5969-23 | SMPA | 29.12.2023 | 29.12.2028 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-5969-23 | SMPA | 29.12.2023 | 29.12.2028 |
| International Safety Management | Azerbaijan | SP-0290-24 | SMPA | 05.02.2024 | 05.02.2029 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-0004-24 | SMPA | 07.01.2024 | 07.01.2029 |
| Security Awareness Training For All Seafarers | Azerbaijan | SI-0030-24 | SMPA | 08.01.2024 | 08.01.2029 |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | SH-0076-24 | SMPA | 12.01.2024 | 12.01.2029 |

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
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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

Turkish Language : B2
English Language : A2

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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.- | 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: 17.04.2024

Signature

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