



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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|                              |   |   |
|------------------------------|---|---|
| <b>Position</b>              |   | <b>identity card PIN Number 5M15UEL</b> |
| <b>Position Applied for:</b> | Rating forming part of an engine-room watch |   |
| <b>Date Available from:</b>  | -   |   |

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|   |   |                     |
|---|---|---------------------|
| <b>Personal Information</b>   |   | <b>Gender: Male</b> |
| <b>First Name: MAHARRAMALI</b>                                      | <b>Last Name: AGHAYEV</b>                             |                     |
| Date of Birth: 18.11.1991   | Place of Birth (City and Country): Azerbaijan ,ASTARA |                     |
| Email: skorpionskorpion814@gamil.com                                | Mobile Number: (+994) 50 407 62 61                    |                     |
| Permanent Address: Astara district ,<br>Ercivan village, Azerbaijan | Expected Salary Per Month: -                          |                     |
| Nationality: Azerbaijan   | Alternative rank applying for: -                      |                     |
| <b>Person to call in emergency: (+994) 50 589 96 41 Father</b>      |   |                     |

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|  |                  |               |                 |                   |
|--|------------------|---------------|-----------------|-------------------|
| <b>Family Details: (If Unmarried kindly give details of Father / Mother)</b> |                  |               |                 |                   |
| <b>First Name</b>  | <b>Last Name</b> | <b>Gender</b> | <b>Relation</b> | <b>Contact</b>    |
| Huseynagha   | Aghayev          | Male          | Father          | +994 50 589 96 41 |
|  |                  |               |                 |                   |

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|                           |                |             |           |                                  |
|---------------------------|----------------|-------------|-----------|----------------------------------|
| <b>Maritime Education</b> |                |             |           |                                  |
| <b>Name of school</b>     | <b>Country</b> | <b>From</b> | <b>To</b> | <b>Type of degree or diploma</b> |
| IST Services              | Azerbaijan     | 07.2024     | 01.2024   | Course                           |
|                           |                |             |           |                                  |

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|  |          |
|--|----------|
| <b>Physical Data</b>   |          |
| Height   | 176      |
| Weight   | 68       |
| Boilersuit Size  | M        |
| Shoes Size   | 42       |
| Blood group  | A(II)RH+ |
| Additional Physical Information:{You can write any other information you want to add about your physique in this field.} |          |

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|  |                |               |                      |                       |                       |
|--|----------------|---------------|----------------------|-----------------------|-----------------------|
| <b>Seaman`s Book &amp; Identify Docs</b> |                |               |                      |                       |                       |
| <b>DOCUMENT</b>                          | <b>COUNTRY</b> | <b>NUMBER</b> | <b>DATE OF ISSUE</b> | <b>PLACE OF ISSUE</b> | <b>DATE OF EXPIRY</b> |
| Seaman Book                              | Azerbaijan     | DQK 027263    | 19.03.2024           | Azerbaijan            | 19.03.2029            |

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

**Address:** AZ1075, Azerbaijan, Baku,Yusif Vazir Cemenzenenli 119c,Afen Plaza Business Center 5nd floor,apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

|  |            |           |             |            |                |
|--|------------|-----------|-------------|------------|----------------|
| Certificate of Competency                        | Azerbaijan | RP14714   | 11.03.2024  | Azerbaijan | -              |
| Republic of Azerbaijan                           | Azerbaijan | C03787024 | 05.04.2024  | Azerbaijan | 04.04.2034     |
| 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-5817-23      | SMPA            | 15.12.2023  | 15.12.2028     |
| FIRE PREVENTION & FIRE FIGHTING  | Azerbaijan     | SO-5817-23      | SMPA            | 15.12.2023  | 15.12.2028     |
| ELEMENTARY FIRST AID   | Azerbaijan     | SO-5817-23      | SMPA            | 15.12.2023  | 15.12.2028     |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY  | Azerbaijan     | SO-5817-23      | SMPA            | 15.12.2023  | 15.12.2028     |
| SAFETY FAMILIARIZATION TRAINING  | Azerbaijan     | SO-5817-23      | SMPA            | 15.12.2023  | 15.12.2028     |
| International Safety Management  | Azerbaijan     | SP-4062-23      | SMPA            | 19.12.2023  | 19.12.2028     |
| Proficiency in Survival Craft & Rescue Boats                                   | Azerbaijan     | SL-0019-24      | SMPA            | 08.01.2024  | 08.01.2029     |
| Security Awareness Training For All Seafarers                                  | Azerbaijan     | SI-3841-23      | SMPA            | 08.12.2023  | 08.12.2028     |
| Security Training For Seafarers With Designated Security Duties                | Azerbaijan     | SH-3432-23      | SMPA            | 21.12.2023  | 21.12.2028     |
| Basic training and qualifications on oil and chemical tanker cargo operations; | Azerbaijan     | SA-1139-23      | SMPA            | 29.12.2023  | 29.12.2028     |

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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**

Russian Language :Middle  
Turkish Language : Good

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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 |
| <b>Vaccination</b>                 |        |     |
| 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: 19.04.2024

\_\_\_\_\_  
Signature

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