



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

| | | |
|------------------------------|--------------------|---|
| Position | | identity card PIN Number 4NYTK68 |
| Position Applied for: | Able Seafarer Deck | |
| Date Available from: | - | |

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| | | |
|---|---|---------------------|
| Personal Information | | Gender: Male |
| First Name: VUSAL | Last Name: GURBANZADA | |
| Date of Birth: 01.09.1989 | Place of Birth (City and Country): Azerbaijan , JALILABAD | |
| Email: vusalgurbanzad@gmail.com | Mobile Number: +39 328 535 75 02 | |
| Permanent Address: Tazakand village, Jalilabad district , Azerbaijan | Expected Salary Per Month: 2000\$ | |
| Nationality: Azerbaijan | Alternative rank applying for: | |
| Person to call in emergency: (+994) 50 527 60 59 Father | | |

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| | | | | |
|--|------------------|---------------|-----------------|----------------|
| Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
| First Name | Last Name | Gender | Relation | Contact |
| Tofiq | Gurbanov | Male | Father | +994 50 527 |
| | | | | |

4

| | | | | |
|---------------------------------|----------------|-------------|-----------|----------------------------------|
| Maritime Education | | | | |
| Name of school | Country | From | To | Type of degree or diploma |
| Azerbaijan State Marine Academy | Azerbaijan | 2011 | 2012 | Bachelor |
| | | | | |

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|--|---------|
| Physical Data | |
| Height | 187 |
| Weight | 104 |
| Boilersuit Size | XXL |
| Shoes Size | 44 |
| 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 |
|--|

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

| DOCUMENT | COUNTRY | NUMBER | | DATE OF ISSUE | PLACE OF ISSUE | | DATE OF EXPIRY |
|--|------------|------------|----|---------------|----------------|----------------|----------------|
| Seaman Book | Azerbaijan | DQK 024277 | | 04.07.2023 | Azerbaijan | | 04.07.2028 |
| Certificate of Competency | Azerbaijan | RP09024 | | 03.07.2018 | Azerbaijan | | 03.07.2028 |
| Republic of Azerbaijan | Azerbaijan | C01979635 | | 25.07.2018 | Azerbaijan | | 24.07.2028 |
| 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-3317-20 | SMPA | 16.11.2020 | 16.11.2025 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-3317-20 | SMPA | 16.11.2020 | 16.11.2025 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-3317-20 | SMPA | 16.11.2020 | 16.11.2025 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-3317-20 | SMPA | 16.11.2020 | 16.11.2025 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-3317-20 | SMPA | 16.11.2020 | 16.11.2025 |
| International Safety Management | Azerbaijan | SP-2675-22 | SMPA | 07.09.2022 | 06.09.2027 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-2684-22 | SMPA | 12.09.2022 | 12.09.2027 |
| Security Awareness Training For All Seafarers | Azerbaijan | SI-2135-22 | SMPA | 08.09.2022 | 07.09.2027 |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | SH-1447-23 | SMPA | 19.06.2023 | 19.06.2028 |

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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)

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

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Other Experience

Russian 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 |
| 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. PLATIN SHIPPING LTD | 2.- |
| Name of person to contact | Okan Bey | - |
| Address | - | - |
| ☎ No. | +902163264399 | - |

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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: 01.05.2024

Signature

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