

2

5



APPLICATION FORM

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

First Name: ASHRAF	Last Name: MAMMADOV
Date of Birth: 18.01.1968	Place of Birth (City and Country): Azerbaijan , LANKARAN
Email:-	Mobile Number: (+994) 55 602 7125
Permanent Address: Baku city, Azerbaijan	Expected Salary Per Month:-
Nationality: Azerbaijan	Alternative rank applying for:
·	Boatswain

3	Family Details: (If Unmarri	ed kindly give details of Fath	er / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	-	-	-	-	-

•	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Baku Marine School	Azerbaijan	1988	1989	School
	Secondary School(El.Gas Welder)	Azerbaijan	1982	1985	School

-
-
M
41
-

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

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**

EXPIRY

Seaman Book	Azerbaijan	DQK	022399	10.01.2021	Aze	rbaijan	10.01.2026
Certificate of Competency	Azerbaijan	05	95/20	21.12.2020	Aze	rbaijan	-
Republic of Azerbaijan	Azerbaijan	C03	135405	19.01.2021	Aze	rbaijan	18.01.2031
Do you hold a US Vis	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 rejecte	ed for any visa app	lied for?		YES/NO	NO		
If YES, please state the	ne country and reas	sons		-			

7 Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8 License

9

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	•	-	-

STCW Certificates & Trainings Training Date Of Issued Country Certificate No. **Date Issued** Courses Center **Expiry** PERSONAL SURVIVAL TECHNICS Azerbaijan SO-1070-22 SMPA 10.03.2022 05.03.2027 FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-1070-22 **SMPA** 10.03.2022 05.03.2027 ELEMENTARY FIRST AID SO-1070-22 **SMPA** 10.03.2022 05.03.2027 Azerbaijan PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-1070-22 **SMPA** 10.03.2022 05.03.2027 SAFETY FAMILIARIZATION TRAINING Azerbaijan SO-1070-22 SMPA 10.03.2022 05.03.2027 **International Safety Management** Azerbaijan SP-1218-20 **SMPA** 08.12.2020 08.12.2025 Proficiency in Survival Craft & Rescue **SMPA** 27.12.2022 16.12.2027 SL-4320-22 Azerbaijan **Boats** Security Awareness Training For All SI-3228-22 SMPA 30.12.2022 19.12.2027 Azerbaijan Seafarers Basic training and qualifications on oil SA-0129-21 SMPA 23.04.2021 07.04.2026 Azerbaijan and chemical tanker cargo operations;

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

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
PALMALI	M/V Z.TAGIYEV	Malta	General Cargo	6933	Wartsilla	-	-	Boatswain	01.06.2008	20.11.2008	5 month 19 days	End of Contract
PALMALI	M/V NAKHCIVAN	Malta	General Cargo	6933	Wartsilla	-	-	Boatswain	15.03.2009	19.09.2009	6month 4 days	End of Contract
PALMALI	M/V NAKHCIVAN	Malta	General Cargo	6933	Wartsilla	-A.I.	- 5	Boatswain	20.10.2009	28.12.2009	2 month 8 days	End of Contract
PALMALI	M/V NAKHCIVAN	Malta	General Cargo	6933	Wartsilla	-	-	Boatswain	28.12.2009	06.06.2010	5 month 8 days	End of Contract
PALMALI	M/V NAKHCIVAN	Malta	General Cargo	6933	Wartsilla	-	-	Boatswain	09.08.2010	31.10.2010	2 month 23 days	End of Contract
PALMALI	M/V NAKHCIVAN	Malta	General Cargo	6933	Wartsilla	-	-	Boatswain	31.10.2010	31.01.2011	3 month	End of Contract
PALMALI	M/V M.J PASHAYEV	Malta	General Cargo	6933	Wartsilla	-	T	Boatswain	09.03.2011	19.09.2011	6 month 10 days	End of Contract
PALMALI	M/V Z.TAGIYEV	Malta	General Cargo	6933	Wartsilla	-		Boatswain	18.12.2011	30.06.2012	6 month 12 days	End of Contract
PALMALI	M/V PALMALI VOYAGER	Malta	General Cargo	6933	Wartsilla	-	-	Boatswain	18.11.2012	03.08.2013	8 month 15 days	End of Contract
PALMALI	M/V M.J PASHAYEV	Malta	General Cargo	6933	Wartsilla	- 7 7	-	Boatswain	10.11.2013	30.05.2014	6 month 20 days	End of Contract
PALMALI	M/V M.J PASHAYEV	Malta	General Cargo	6933	Wartsilla	$\bigcup .f$	-	Boatswain	27.08.2014	19.04.2015	7 month 22 days	End of Contract
PALMALI	M/V M.J PASHAYEV	Malta	General Cargo	6933	Wartsilla	99	- 9	Boatswain	02.07.2015	15.01.2016	6 month 13 days	End of Contract
PALMALI	M/V M.J PASHAYEV	Malta	General Cargo	6933	Wartsilla	-	-	Boatswain	12.08.2016	18.02.2017	6 month 6 days	End of Contract
PALMALI	M/V M.J PASHAYEV	Malta	General Cargo	6933	Wartsilla	-	-	Boatswain	05.04.2018	22.01.2018	9 month 20 days	End of Contract

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

PALMALI	M/V PALMALI DISCOVERY	Malta	General Cargo	6933	Wartsilla	-	-	Boatswain	07.04.2018	27.03.2018	11 month	End of Contract

Vaccination Yellow Fever COVID-19 YES/NO Yes/NO A 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 YES/NO YES/NO	Generators						
Other Experience Travel Documents Name	Purifiers and Boilers	-					
Travel Documents Name YES/NO NO Country Schengen YES/NO NO China YES/NO NO Australia YES/NO NO NO NO NO Australia YES/NO NO NO NO NO NO NO NO NO NO	Type of Cranes / No of Reefer Containers	-					
Travel Documents Name	Other Experience						
Travel Documents Name							
Name YES/NO Schengen YES/NO NO China YES/NO NO China YES/NO NO China YES/NO NO NO NO NO NO NO NO NO NO	-						
Name YES/NO Schengen YES/NO NO China YES/NO NO China YES/NO NO China YES/NO NO NO NO NO NO NO NO NO NO							
Schengen YES/NO NO US YES/NO NO China YES/NO NO - Chinaurance Health Related Documentation Medical Certificate (Fit for Duty) Vaccination Yellow Fever YES/NO YES/NO YES/NO YES/NO YES/NO NO NO - Chinaurance Health Related Documentation Medical Fit for Duty YES/NO NO N	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) Vaccination Yellow Fever YES/NO YES					D		ire
China YES/NO NO - Australia YES/NO NO - Australia YES/NO NO - NO - Australia YES/NO NO - Insurance ,Health Related Documentation Medical Certificate (Fit for Duty) YeS/NO YES							
Australia YES/NO NO - Insurance ,Health Related Documentation Medical Certificate (Fit for Duty) YES/NO Y							
Insurance ,Health Related Documentation Medical Certificate (Fit for Duty) Vaccination Yellow Fever COVID-19 Parameter 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? 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 had a professional license suspended or revoked? YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO							
Medical Certificate (Fit for Duty) Vaccination Yellow Fever 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 undergone any operation in the past? Pays/NO Do you have any health or disability problems now? 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 had a professional license suspended or revoked? YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	Australia		I ES/INU	110		=	
Yellow Fever YES/NO YES	Insurance ,Health Related	Documentation					
Yellow Fever YES/NO YES	Medical Certificate (Fit for Di	utv)			VEC/N	10	
COVID-19 a 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? YES/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 had a professional license suspended or revoked? YES/NO YES/NO YES/NO YES/NO		aty)			1 = 3/1	IO	Υl
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? YES/NO Do you have any health or disability problems now? 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		uty)	Vaccin	ation	\ 		
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? 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 had a professional license suspended or revoked? YES/NO		uty)	Vaccin	ation	YES/N	IO	N
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? 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 had a professional license suspended or revoked? YES/NO	COVID-19				YES/N	IO	YE N YE
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? 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 had a professional license suspended or revoked? YES/NO	COVID-19				YES/N	IO	N
Have you consulted a doctor during the last 12 months for an illness/accident? Do you have any health or disability problems now? 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 had a professional license suspended or revoked? YES/NO	COVID-19 e answer is YES to any of the				YES/N	IO	N
Do you have any health or disability problems now? 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 had a professional license suspended or revoked? YES/NO	COVID-19 e answer is YES to any of the Medical history Have you ever signed off a second	above, please giv	e full details and at		YES/N YES/N necessary)	IO IO	N
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? Have you ever had a professional license suspended or revoked? YES/NO	COVID-19 e answer is YES to any of the Medical history Have you ever signed off a s Have you undergone any op	above, please giv	re full details and at	tach a separate page if r	YES/N YES/N necessary) YES/N YES/N YES/N	IO IO IO IO IO IO IO IO	N YI
(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? Have you ever had a professional license suspended or revoked? YES/NO	COVID-19 e answer is YES to any of the Medical history Have you ever signed off a s Have you undergone any op Have you consulted a doctor	above, please giveship due to medicate peration in the paster during the last 12	re full details and at	tach a separate page if r	YES/N YES/N necessary) YES/N YES/N YES/N	IO IO IO IO IO IO IO IO	N YI
General Have you ever been the subject of a court of enquiry or involved in a maritime accident? Have you ever had a professional license suspended or revoked? YES/NO YES/NO	COVID-19 e answer is YES to any of the Medical history Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d	above, please giveship due to medicate peration in the past of the during the last 12 disability problems	re full details and at	tach a separate page if r	YES/N YES/N necessary) YES/N YES/N YES/N YES/N YES/N	IO	N YI
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	COVID-19 e answer is YES to any of the Medical history Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d Do you take any medications	above, please giveship due to medical peration in the past of the during the last 12 disability problems is regularly?	e full details and at al reasons? 2 months for an illne	tach a separate page if r	YES/N YES/N YES/N YES/N YES/N YES/N YES/N	IO	N YI
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	COVID-19 e answer is YES to any of the Medical history Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d Do you take any medications	above, please giveship due to medical peration in the past of the during the last 12 disability problems is regularly?	e full details and at al reasons? 2 months for an illne	tach a separate page if r	YES/N YES/N YES/N YES/N YES/N YES/N YES/N	IO	N
Have you ever had a professional license suspended or revoked? YES/NO	COVID-19 e answer is YES to any of the Medical history Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d Do you take any medications	above, please giveship due to medical peration in the past of the during the last 12 disability problems is regularly?	e full details and at al reasons? 2 months for an illne	tach a separate page if r	YES/N YES/N YES/N YES/N YES/N YES/N YES/N	IO	N YI
· · · · · · · · · · · · · · · · · · ·	e answer is YES to any of the Medical history Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d Do you take any medications (If the answer is YES to a	above, please giveship due to medical peration in the past of during the last 12 disability problems is regularly?	e full details and at al reasons? months for an illne now? lease give full detail	ess/accident?	YES/N YES/N necessary) YES/N YES/N YES/N YES/N YES/N YES/N YES/N	IO I	N YI
(If YES, please give full details and attach a separate page if necessary)	COVID-19 e answer is YES to any of the Medical history Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d Do you take any medications (If the answer is YES to a	above, please giveship due to medical peration in the past of during the last 12 lisability problems is regularly? In the above, pure the above, pure the above is a court of erect of a	al reasons? ? months for an illne now? lease give full detain	tach a separate page if resolves a separate as and attach a separate as a maritime accident?	YES/N YES/N necessary) YES/N YES/N YES/N YES/N YES/N YES/N YES/N	IO I	N Y
	COVID-19 e answer is YES to any of the Medical history Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d Do you take any medications (If the answer is YES to a	above, please giveship due to medical peration in the past of during the last 12 lisability problems is regularly? In the above, pure the above, pure the above is a court of erect of a	al reasons? ? months for an illne now? lease give full detain	tach a separate page if resolves a separate as and attach a separate as a maritime accident?	YES/N YES/N necessary) YES/N YES/N YES/N YES/N YES/N YES/N YES/N	IO I	N Y
	Medical history Have you ever signed off a set have you undergone any ope have you consulted a doctor Do you have any health or de Do you take any medications (If the answer is YES to a General Have you ever been the subject have you ever had a profess	above, please giveship due to medical peration in the past of during the last 12 lisability problems is regularly? In the above, pure the above, pure the above is a court of existence of a court of	re full details and at all reasons? Re months for an illne now? Release give full detail and all reasons? Release give full detail and all reasons?	ess/accident?	YES/N YES/N necessary) YES/N YES/N YES/N YES/N YES/N YES/N YES/N	IO I	N Y
	Medical history Have you ever signed off a set have you undergone any ope have you consulted a doctor Do you have any health or de Do you take any medications (If the answer is YES to a General Have you ever been the subject have you ever had a profess	above, please giveship due to medical peration in the past of during the last 12 lisability problems is regularly? In the above, pure the above, pure the above is a court of existence of a court of	re full details and at all reasons? Re months for an illne now? Release give full detail and all reasons? Release give full detail and all reasons?	ess/accident?	YES/N YES/N necessary) YES/N YES/N YES/N YES/N YES/N YES/N YES/N	IO I	N Y

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

16	References (Please give the name and address of your current or immediate past employer)			
	Name of company	1_	2 -	

Name of company	1	2	
Name of person to contact	-	-	
Address	-	-	
☎ No.	-	-	

17 Declaration			
	17	ı	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:	15	5.05.2024

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