

APPLICATION FORM

ABLE SEAFARER DECK	Date Available from:22.05.2024
---------------------------	---------------------------------------

1. Personal Data		
Family Name: NABIYEV	First Name: ELMADDIN	Patronymic: Emil
Date of Birth 06.10.1994	Place of Birth (City and Country):SHAMKIR AZERBAIJAN	Citizenship:AZERBAIJAN
Permanent Address: SHAMKIR. QILINCBEYLI		Phone (Mobile): +994516217602 E-mail:

2. Maritime Education					
Name of school	Town	Country	From	To	Type of degree or diploma
Kainat Marine College	Baku	Azerbaijan	01.11.2016	03.04.2017	OILER

3. Language knowledge		
English	Well	
Russian	Well	
Azerbaijan	Very well	
Turkish	Very well	

4. Family Details	
Civil Status (Single, Married, Separated, Divorced, Widowed) : Single	
Next of Kin (the first emergency contact): +994516217602	Relationship: Brother

5. Identity Documents					
Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	Azerbaijan	DQK019363	AZ-STATE MARITIME AGENCY	25.02.2022	25.02.2027
Travel Passport	Azerbaijan	C01416717	Ministry of internal affairs	20.10.2016	09.10.2026
Civil Passport	Azerbaijan	AA1582122	ASAN 5	NIL	24.09.2030

6. Courses Attended and Certificates Obtained				
Document	Number	Dates		Place
		Issue	Expiry	
Certificate of Competency	0659/22	11.04.2022	-----	AZERBAIJAN
Basic Trainings	SO-0637-22	24.02.2022	22.02.2027	AZERBAIJAN
Proficiency in Survival Craft and Boats other then fast rescue boats	SL-0352-22	16.02.2022	15.02.2027	AZERBAIJAN
Ship security-related familiarization security-awareness training	SI-0336-22	16.02.2022	16.02.2027	AZERBAIJAN
International safety management code,	SP-0402-22	18.02.2022	18.02.2027	AZERBAIJAN

Training for seafarers with designated security duties	SH-0179-22	17.02.2022	17.02.2027	AZERBAIJAN
Seafarers Medical Certificate	-----	20.01.2023	20.01.2025	TURKEY

7. Physical Data

Height	175
Weight	70
Colour of Hair	YELLOW
Colour of Eyes	BLUE
Boilersuit Size	S
Shoes Size	42

8. Medical History

	Yes	No
Have you ever signed off a ship due to medical reasons?		X
Did you undergo any medical operation in the past?		X
Have you consulted a doctor during the last 12 months for an illness/accident?		X
Do you have any health or disability problems now?		X

9. References (please give name and address of your current or past employer)

Office remarks

Name of Company	CUNDA SHIPPING
Name of person to contact	ALI BEY
Address	
Phone	+905303006729

10. Bank address for allotments

Beneficiary	
Account No.	
Name of Bank	
Bank Address	

11. Seagoing Experience

Name of vessel	Flag	Vessel's Type	DWT	Manager or Owner	Rank	From d/m/y	To d/m/y
M/V MEDAR	PANAMA	GENERAL CARGO	3175	CUNDA SHIPPING	OILER		
M/V ALEXANDR LEBED	PANAMA	GENERAL CARGO	5010	CUNDA SHIPPING	OILER		
M/V MEGA	PANAMA	GENERAL CARGO	3016	CUNDA SHIPPING	OILER		
M/V SVETOSLAVA	PALLAU	GENERAL CARGO	5012	CUNDA SHIPPING	OILER		
M/V SUADIYE	PANAMA	GENERAL CARGO	3325	CUNDA SHIPPING	OILER FITER		

