



**UNITED ALLIANCE GROUP LTD**

**AZERBAIJAN BRANCH**



## APPLICATION FORM

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|                              |   |
|------------------------------|---|
| <b>Position</b>              | <b>identity card PIN Number 1F8S4VQ</b> |
| <b>Position Applied for:</b> | Cook                                    |
| <b>Date Available from:</b>  | -                                       |

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|  |  |                     |
|--|--|---------------------|
| <b>Personal Information</b>  |  | <b>Gender: Male</b> |
| <b>First Name: YUSIF</b>   | <b>Last Name: MAMMADOV</b>                             |                     |
| Date of Birth: 17.03.1965  | Place of Birth (City and Country): Azerbaijan, BAKU    |                     |
| Email: <a href="mailto:yusifmammadoff65@gmail.com">yusifmammadoff65@gmail.com</a>                | Mobile Number: (+994) 50 644 74 99 (+994) 706 44 74 99 |                     |
| Permanent Address: 3/74, Azizbayov street, Pirallahi settl, Pirallahi district, Baku, Azerbaijan | Expected Salary Per Month: 3000\$                      |                     |
| Nationality: Azerbaijan  | Alternative rank applying for: -                       |                     |
| <b>Person to call in emergency: (+994) 70 244 74 99 Sister</b>                                   |  |                     |

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| <b>Family Details: (If Unmarried kindly give details of Father / Mother)</b> |           |        |          |                   |
|--|-----------|--------|----------|-------------------|
| First Name   | Last Name | Gender | Relation | Contact           |
| Farizat  | Mammadov  | Male   | Sister   | +994 70 244 74 99 |
|  |           |        |          |                   |

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| <b>Maritime Education</b> |         |      |    |                           |
|---------------------------|---------|------|----|---------------------------|
| Name of school            | Country | From | To | Type of degree or diploma |
| -                         | -       | -    | -  | -                         |
|                           |         |      |    |                           |

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| <b>Physical Data</b>  |            |
|---|------------|
| Height  | <b>180</b> |
| Weight  | 90         |
| Boilersuit Size   | XL         |
| Shoes Size  | 44         |
| Blood group   | B(III)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> |
|--|
|--|

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](mailto: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 022054 |    | 26.11.2022    | Azerbaijan     |                | 26.11.2027     |
| Certificate of Competency                        | Azerbaijan | RP03440    |    | 10.05.2024    | Azerbaijan     |                | -              |
| Republic of Azerbaijan                           | Azerbaijan | C01906951  |    | 24.04.2018    | Azerbaijan     |                | 23.04.2028     |
| 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 &amp; Trainings

| Courses   | Issued Country | Certificate No. | Training Center | Date Issued | Date Of Expiry |
|---|----------------|-----------------|-----------------|-------------|----------------|
| PERSONAL SURVIVAL TECHNICS                                      | Azerbaijan     | SO-1936-24      | SMPA            | 24.05.2024  | 17.05.2029     |
| FIRE PREVENTION & FIRE FIGHTING                                 | Azerbaijan     | SO-1936-24      | SMPA            | 24.05.2024  | 17.05.2029     |
| ELEMENTARY FIRST AID  | Azerbaijan     | SO-1936-24      | SMPA            | 24.05.2024  | 17.05.2029     |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY                         | Azerbaijan     | SO-1936-24      | SMPA            | 24.05.2024  | 17.05.2029     |
| SAFETY FAMILIARIZATION TRAINING                                 | Azerbaijan     | SO-1936-24      | SMPA            | 24.05.2024  | 17.05.2029     |
| International Safety Management                                 | Azerbaijan     | SP-1798-24      | SMPA            | 04.06.2024  | 31.05.2029     |
| Proficiency in Survival Craft & Rescue Boats                    | Azerbaijan     | SL-1684-24      | SMPA            | 23.05.2024  | 23.05.2029     |
| Security Awareness Training For All Seafarers                   | Azerbaijan     | SI-2873-22      | SMPA            | 16.11.2022  | 16.11.2027     |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan     | SH-1847-24      | SMPA            | 10.06.2024  | Unlimited      |

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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**

Russian Language: Excellent  
English Language : Middle

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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)

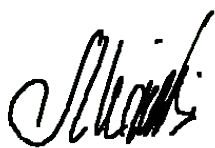
|                           |     |     |
|---------------------------|-----|-----|
| Name of company           | 1.- | 2.- |
| Name of person to contact | -   | -   |
| Address                   | -   | -   |
| ☎ No.                     | -   | -   |

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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.



Signature

Date: 14.06.2024

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