



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

1

|                              |                                             |                                         |
|------------------------------|---------------------------------------------|-----------------------------------------|
| <b>Position</b>              |                                             | <b>identity card PIN Number 6JZ626B</b> |
| <b>Position Applied for:</b> | Rating forming part of an engine-room watch |                                         |
| <b>Date Available from:</b>  | -                                           |                                         |

2

|                                                                                                        |                                                     |                     |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------|
| <b>Personal Information</b>                                                                            |                                                     | <b>Gender: Male</b> |
| <b>First Name: FARUG</b>                                                                               | <b>Last Name: AKBARLI</b>                           |                     |
| Date of Birth: 06.12.1997                                                                              | Place of Birth (City and Country): Azerbaijan, BAKU |                     |
| Email: faruqakberli@gmail.com                                                                          | Mobile Number: (+994) 70 704 40 03                  |                     |
| Permanent Address: 58, Hostel, House 3a, Entrance 3, Mahsati street, Khatai district, Baku, Azerbaijan | Expected Salary Per Month: -                        |                     |
| Nationality: Azerbaijan                                                                                | Alternative rank applying for:-                     |                     |
| <b>Person to call in emergency: (+994) 55 577 03 92 Brother</b>                                        |                                                     |                     |

3

|                                                                              |                  |               |                 |                   |
|------------------------------------------------------------------------------|------------------|---------------|-----------------|-------------------|
| <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>    |
| Farid                                                                        | Akbarli          | Male          | Brother         | +994 55 577 03 92 |
|                                                                              |                  |               |                 |                   |

4

|                           |                |             |           |                                  |
|---------------------------|----------------|-------------|-----------|----------------------------------|
| <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> |
| Kaspia Education Center   | Azerbaijan     | 01.2023     | 06.2023   | Course                           |
|                           |                |             |           |                                  |

5

|                                                                                                                          |           |
|--------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Physical Data</b>                                                                                                     |           |
| Height                                                                                                                   | 176       |
| Weight                                                                                                                   | 60        |
| Boilersuit Size                                                                                                          | S         |
| Shoes Size                                                                                                               | 42        |
| Blood group                                                                                                              | B(III)RH+ |
| Additional Physical Information:{You can write any other information you want to add about your physique in this field.} |           |

6

|                                          |
|------------------------------------------|
| <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 Cchemenzemenli 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 024747 |    | 23.08.2023    | Azerbaijan     |                | 23.08.2028     |
| Certificate of Competency                        | Azerbaijan | RP13319    |    | 09.08.2023    | Azerbaijan     |                | -              |
| Republic of Azerbaijan                           | Azerbaijan | C03179504  |    | 28.01.2020    | Azerbaijan     |                | 27.01.2030     |
| 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     |            |            |    | -             |                |                |                |

7

**Professional Test**

| Professional Test Date | Name of Test | Score |
|------------------------|--------------|-------|
| -                      | -            | -     |
|                        |              |       |
|                        |              |       |

8

**License**

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

9

**STCW Certificates & Trainings**

| Courses                                                         | Issued Country | Certificate No. | Training Center | Date Issued | Date Of Expiry |
|-----------------------------------------------------------------|----------------|-----------------|-----------------|-------------|----------------|
| PERSONAL SURVIVAL TECHNIQS                                      | Azerbaijan     | SO-3724-23      | SMPA            | 27.07.2023  | 07.07.2028     |
| FIRE PREVENTION & FIRE FIGHTING                                 | Azerbaijan     | SO-3724-23      | SMPA            | 27.07.2023  | 07.07.2028     |
| ELEMENTARY FIRST AID                                            | Azerbaijan     | SO-3724-23      | SMPA            | 27.07.2023  | 07.07.2028     |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY                         | Azerbaijan     | SO-3724-23      | SMPA            | 27.07.2023  | 07.07.2028     |
| SAFETY FAMILIARIZATION TRAINING                                 | Azerbaijan     | SO-3724-23      | SMPA            | 27.07.2023  | 07.07.2028     |
| International Safety Management                                 | Azerbaijan     | SP-2357-23      | SMPA            | 21.07.2023  | 14.07.2028     |
| Proficiency in Survival Craft & Rescue Boats                    | Azerbaijan     | SL-2622-23      | SMPA            | 21.07.2023  | 12.07.2028     |
| Security Awareness Training For All Seafarers                   | Azerbaijan     | SI-2288-23      | SMPA            | 18.07.2023  | 17.07.2028     |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan     | SH-1776-23      | SMPA            | 21.07.2023  | 18.07.2028     |

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(Please give a full record starting with the last vessel on which you served)

[illegible]

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**11 For Engineers (Please provide details)**

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

**12 Other Experience**

Turkish Language : Good  
Azerbaijan Language : Excellent

**12 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      | -              |

**13 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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**14 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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|  |
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**15 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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16

**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.                     | -   | -   |

17

**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: 27.06.2024

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