



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

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|------------------------------|---|
| Position | identity card PIN Number 7DA08HN |
| Position Applied for: | Rating forming part of a navigational watch |
| Date Available from: | - |

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|---|---|---------------------|
| Personal Information | | Gender: Male |
| First Name: ESHGIN | Last Name: ABDULLAYEV | |
| Date of Birth: 22.09.2001 | Place of Birth (City and Country): Azerbaijan, UJAR | |
| Email: esqinabdullayev771@gmail.com | Mobile Number: (+994) 51 475 87 95 | |
| Permanent Address: Malikballi village, Ujar village, Azerbaijan | Expected Salary Per Month: - | |
| Nationality: Azerbaijan | Alternative rank applying for: - | |
| Person to call in emergency: (+994) 50 537 03 58 Father | | |

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|--|------------------|---------------|-----------------|-------------------|
| Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
| First Name | Last Name | Gender | Relation | Contact |
| Niyammaddin | Abdullayev | Male | Father | +994 50 537 03 58 |
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|---------------------------|----------------|-------------|-----------|----------------------------------|
| Maritime Education | | | | |
| Name of school | Country | From | To | Type of degree or diploma |
| IST Services | Azerbaijan | 10.2023 | 04.2024 | Course |
| | | | | |

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| Physical Data | |
| Height | 169 |
| Weight | 74 |
| Boilersuit Size | L |
| 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.} | |

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|--|----------------|---------------|----------------------|-----------------------|-----------------------|
| Seaman`s Book & Identify Docs | | | | | |
| DOCUMENT | COUNTRY | NUMBER | DATE OF ISSUE | PLACE OF ISSUE | DATE OF EXPIRY |
| Seaman Book | Azerbaijan | DQK 028289 | 25.05.2024 | Azerbaijan | 25.05.2029 |

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

| | | | | | |
|--|------------|------------|-------------|------------|----------------|
| Certificate of Competency | Azerbaijan | RP15050 | 17.05.2024 | Azerbaijan | - |
| Republic of Azerbaijan | Azerbaijan | C050005455 | 21.06.2024 | Azerbaijan | 20.06.2034 |
| 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-5759-23 | SMPA | 15.12.2023 | 15.12.2028 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-5759-23 | SMPA | 15.12.2023 | 15.12.2028 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-5759-23 | SMPA | 15.12.2023 | 15.12.2028 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-5759-23 | SMPA | 15.12.2023 | 15.12.2028 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-5759-23 | SMPA | 15.12.2023 | 15.12.2028 |
| International Safety Management | Azerbaijan | SP-0861-24 | SMPA | 03.04.2024 | 03.04.2029 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-0780-24 | SMPA | 03.04.2024 | 01.04.2029 |
| Security Awareness Training For All Seafarers | Azerbaijan | SI-4024-23 | SMPA | 18.12.2023 | 18.12.2028 |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | SH-0796-24 | SMPA | 29.03.2024 | Unlimited |

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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 | - |

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| 12 | Other Experience |
| Turkish Language : Good English Language : Average | |

| 12 | Travel Documents | | | | | | | | | | | | | | | | | | | |
|---|-------------------------|---------|----------------|----------------|----------|--------|----|---|----|--------|----|---|-------|--------|----|---|-----------|--------|----|---|
| <table border="1"> <thead> <tr> <th>Name</th> <th>YES/NO</th> <th>Country</th> <th>Date pf Expire</th> </tr> </thead> <tbody> <tr> <td>Schengen</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>US</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>China</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> <tr> <td>Australia</td> <td>YES/NO</td> <td>NO</td> <td>-</td> </tr> </tbody> </table> | Name | YES/NO | Country | Date pf Expire | Schengen | YES/NO | NO | - | US | YES/NO | NO | - | China | YES/NO | NO | - | Australia | YES/NO | NO | - |
| 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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| 13 | 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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| 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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| 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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References *(Please give the name and address of your current or immediate past employer)*

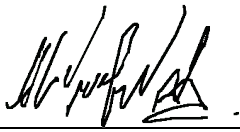
| | | |
|---------------------------|-----|-----|
| Name of company | 1.- | 2.- |
| Name of person to contact | - | - |
| Address | - | - |
| ☎ No. | - | - |

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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: 28.06.2024

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