



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 17009410518
Position Applied for:	Able-Seafarer deck
Date Available from:	-

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Personal Information		Gender: Male
First Name: MUSTAFA KEMAL	Last Name: DURGHUT	
Date of Birth: 11.06.1978	Place of Birth (City and Country): Turkey, CIDE	
Email:-	Mobile Number: (+90) 532 677 37 23	
Permanent Address: Mahmutshevketspasha settlement, Beykoz , Istanbul	Expected Salary Per Month: -	
Nationality: Turkish	Alternative rank applying for: Boatswain	
Person to call in emergency: (+90) 542 225 22 86 Brother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Ibrahim	Durgut	Male	Brother	+90 542 225 22 86

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
-	-	-	-	-

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Physical Data	
Height	170
Weight	75
Boilersuit Size	L
Shoes Size	43
Blood group	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	Turkey	S 00371727	25.07.2022	Turkey	25.07.2027

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	Turkey	10677299	25.07.2022	Turkey	25.07.2027
Republic of Turkey	Turkey	U 12120954	15.01.2016	Turkey	15.01.2026
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
Navigational Watchkeeping Certificate	Turkey	11111515	TR	16.01.2019	-
Security-Related Familiarization Certificate	Turkey	11111514	TR	16.01.2019	-
Security Awareness Certificate	Turkey	11111513	TR	16.01.2019	-
Designated Security Duties Certificate	Turkey	11111512	TR	16.01.2019	-
Fire Prevention and Fire Fighting Training Certificate	Turkey	139D091F	TR	23.06.2023	16.06.2028
Personal Safety and Social Responsibility Training Certificate	Turkey	0BA0E479	TR	23.06.2023	16.06.2028
Elementary First Aid Training Certificate	Turkey	5CDB53AC	TR	23.06.2023	16.06.2028
Proficiency in Survival Craft and Rescue Boats(Other Than Fast Rescue Boats) Certificate	Turkey	155CF74D	TR	23.06.2023	16.06.2028
Personal Survival Techniques Training Certificate	Turkey	7FFA4A6D	TR	23.06.2023	16.06.2028

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

[illegible]

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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

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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
Vaccination		
Yellow Fever	YES/NO	YES
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.

Date: 15.07.2024

Signature

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