



## APPLICATION FORM

<b>ABLE SEAFARER DECK</b>	<b>Date Available from:</b>
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### 1. Personal Data

<b>Family Name:</b> Shikhmatov	<b>First Name:</b> Samik	<b>Patronymic:</b> Emil
Date of Birth 20.02.1997	Place of Birth (City and Country):KHACHMAZ AZERBAIJAN	Citizenship:AZERBAIJAN
Permanent Address: KHACHMAZ. LAGAT		Phone (Mobile): +994773663433 E-mail:

### 2. Maritime Education

Name of school	Town	Country	From	To	Type of degree or diploma
<b>Kainat Marine College</b>	Baku	Azerbaijan	05.12.2020	05.05.2021	A/B Sailor

### 3. Language knowledge

English		
Russian	Very well	
Azerbaijan	Very well	
Turkish	Well	

### 4. Family Details

<b>Civil Status</b> (Single, Married, Separated, Divorced, Widowed) : <b>Single</b>	
<b>Next of Kin</b> (the first emergency contact):	<b>Relationship:</b> Brother

5. Identity Documents					
Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	Azerbaijan	DQK017792	State of maritime administration	22.06.2021	22.06.2026
Travel Passport	Azerbaijan	C01293879	Ministry of internal affairs	22.08.2017	21.08.2027
Civil Passport	Azerbaijan	AZE13562326	ASAN 5	03.12.2013	20.02.2022

6. Courses Attended and Certificates Obtained				
Document	Number	Dates		Place
		Issue	Expiry	

Certificate of Competency	0863/21	06.10.2021		AZERBAIJAN
Basic Trainings	SO-2273-2	02.09.2021	02.09.2026	AZERBAIJAN
Proficiency in Survival Craft and Boats other than fast rescue boats	SL-1369-21	26.08.2021	25.08.2026	AZERBAIJAN
Ship security-related familiarization security-awareness training	SI-1044-21	26.08.2021	28.07.2026	AZERBAIJAN
International safety management code,	SP-1566-21	30.08.2021	20.08.2026	AZERBAIJAN
Training for seafarers with designated security duties	SH-0712-21	24.08.2021	30.07.2026	AZERBAIJAN
Seafarers medical certificate		19.01.2023	19.01.2025	AZERBAIJAN

7. Physical Data	
Height	172
Weight	62
Colour of Hair	BLACK
Colour of Eyes	BROW
Boilersuit Size	S
Shoes Size	42

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

Name of Company	PANAMA MARITIME AUTHORITE	22.12.2023 17.12.2026
Name of person to contact		
Address		
Phone		

<b>9. References</b> (please give name and address of your current or past employer)	<b>Office remarks</b>
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#### 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	3150	CUNDA SHIPPING	A/B BOSUN	10.12.2021	20.12.2022
M/V SUADIYE	PANAMA	GENERAL CARGO	3197	CUNDA SHIPPING	BOSUN	20.04.2023	28.01.2024