



**UNITED ALLIANCE GROUP LTD**

**AZERBAIJAN BRANCH**



## APPLICATION FORM

**1**

|                              |                                             |
|------------------------------|---------------------------------------------|
| <b>Position</b>              | <b>identity card PIN Number 77UUY9E</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: HAKIM</b>                                             | <b>Last Name: VALIZADA</b>                              |
| Date of Birth: 27.07.2001                                            | Place of Birth (City and Country): Azerbaijan, LANKARAN |
| Email: hakim.velizade2001@gmail.com                                  | Mobile Number: (+994) 50 758 39 68                      |
| Permanent Address: Turkakaran village, Lankaran district, Azerbaijan | Expected Salary Per Month: -                            |
| Nationality: Azerbaijan                                              | Alternative rank applying for: -                        |
| <b>Person to call in emergency: (+994) 50 604 98 04 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> |
| Ilkin                                                                        | Valiyev          | Male          | Brother         | +994506049804  |
|                                                                              |                  |               |                 |                |

**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> |
| Azerbaijan State Marine Academy | Azerbaijan     | 2018        | 2022      | Bachelor                         |
|                                 |                |             |           |                                  |

**5**

|                                                                                                                          |            |
|--------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Physical Data</b>                                                                                                     |            |
| Height                                                                                                                   | <b>170</b> |
| Weight                                                                                                                   | 75         |
| Boilersuit Size                                                                                                          | 46         |
| Shoes Size                                                                                                               | 44         |
| Blood group                                                                                                              | O(I)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> |                |               |                      |                       |                       |
| <b>DOCUMENT</b>                          | <b>COUNTRY</b> | <b>NUMBER</b> | <b>DATE OF ISSUE</b> | <b>PLACE OF ISSUE</b> | <b>DATE OF EXPIRY</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 **Tel:** +994 51 277 19 31

|                                                  |            |            |    |             |            |                |            |
|--------------------------------------------------|------------|------------|----|-------------|------------|----------------|------------|
| Seaman Book                                      | Azerbaijan | DQK 030054 |    | 03.10.2024  | Azerbaijan |                | 03.10.2029 |
| Certificate of Competency                        | Azerbaijan | RP10698    |    | 25.11.2021  | Azerbaijan |                | -          |
| Republic of Azerbaijan                           | Azerbaijan | C03046731  |    | 22.06.2021  | Azerbaijan |                | 21.06.2031 |
| 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 TECHNIQS                                      | Azerbaijan     | SO-3961-24      | SMPA            | 15.10.2024  | 11.10.2029     |
| FIRE PREVENTION & FIRE FIGHTING                                 | Azerbaijan     | SO-3961-24      | SMPA            | 15.10.2024  | 11.10.2029     |
| ELEMENTARY FIRST AID                                            | Azerbaijan     | SO-3961-24      | SMPA            | 15.10.2024  | 11.10.2029     |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY                         | Azerbaijan     | SO-3961-24      | SMPA            | 15.10.2024  | 11.10.2029     |
| SAFETY FAMILIARIZATION TRAINING                                 | Azerbaijan     | SO-3961-24      | SMPA            | 15.10.2024  | 11.10.2029     |
| International Safety Management                                 | Azerbaijan     | SP-3689-24      | SMPA            | 25.10.2024  | 25.10.2029     |
| Proficiency in Survival Craft & Rescue Boats                    | Azerbaijan     | SL-3660-24      | SMPA            | 21.10.2024  | 17.10.2029     |
| Security Awareness Training For All Seafarers                   | Azerbaijan     | SI-4161-24      | SMPA            | 24.10.2024  | Unlimited      |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan     | SH-3664-24      | SMPA            | 30.10.2024  | 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 | - |

**12 Other Experience**

English Language : Elementary

**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)

**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)

**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: 15.11.2024

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