



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

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|                              |                                             |
|------------------------------|---------------------------------------------|
| <b>Position</b>              | <b>identity card PIN Number 10187960226</b> |
| <b>Position Applied for:</b> | Able Seafarer Deck                          |
| <b>Date Available from:</b>  | -                                           |

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|                                                                           |                                                    |                     |
|---------------------------------------------------------------------------|----------------------------------------------------|---------------------|
| <b>Personal Information</b>                                               |                                                    | <b>Gender: Male</b> |
| <b>First Name: SUSLU</b>                                                  | <b>Last Name: SHAHIN</b>                           |                     |
| Date of Birth: 15.07.1962                                                 | Place of Birth (City and Country): Turkiye , PAZAR |                     |
| Email: suslusahin036@gmail.com                                            | Mobile Number: (+90) 530 286 84 16                 |                     |
| Permanent Address: Yeni settlement , Elit kent uilding , Hendek / Sakarya | Expected Salary Per Month: -                       |                     |
| Nationality: Turkiye                                                      | Alternative rank applying for:<br>Boatswain        |                     |
| <b>Person to call in emergency: (+90) 539 326 15 18 Son</b>               |                                                    |                     |

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|                                                                              |                  |               |                 |                |
|------------------------------------------------------------------------------|------------------|---------------|-----------------|----------------|
| <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> |
| Ilyas                                                                        | Suslu            | Male          | Son             | +905393261518  |
|                                                                              |                  |               |                 |                |

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|                           |                |             |           |                                  |
|---------------------------|----------------|-------------|-----------|----------------------------------|
| <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> |
| -                         | -              | -           | -         | -                                |
|                           |                |             |           |                                  |

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|                                                                                                                          |        |
|--------------------------------------------------------------------------------------------------------------------------|--------|
| <b>Physical Data</b>                                                                                                     |        |
| Height                                                                                                                   | 185    |
| Weight                                                                                                                   | 105    |
| Boilersuit Size                                                                                                          | 3XL    |
| Shoes Size                                                                                                               | 46     |
| Blood group                                                                                                              | O RH + |
| Additional Physical Information:{You can write any other information you want to add about your physique in this field.} |        |

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|                                          |                |               |                      |                       |                       |
|------------------------------------------|----------------|---------------|----------------------|-----------------------|-----------------------|
| <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> |
| Seaman Book                              | Turkiye        | S 00328249    | 04.06.2021           | Turkiye               | 04.06.2026            |

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                        | Turkiye | 10615929  | 04.06.2021  | Turkiye | 04.06.2026     |
| Republic of Turkiye                              | Turkiye | U35929720 | 19.06.2023  | Turkiye | 19.06.2033     |
| 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 |
|----------------------------------------------------------------|----------------|-----------------|-----------------|-------------|----------------|
| Fire Prevention And Fire Fighting Training Certificate         | Turkiye        | 11628109        | TR              | 04.06.2021  | 21.05.2026     |
| Elementary First Aid Training Certificate                      | Turkiye        | 11628108        | TR              | 04.06.2021  | 27.04.2026     |
| Navigational Watchkeeping Certificate                          | Turkiye        | 11628107        | TR              | 04.06.2021  | -              |
| Personal Safety and Social Responsibility Training Certificate | Turkiye        | 11628106        | TR              | 04.06.2021  | 27.04.2026     |
| Security-Related Familiarization Certificate                   | Turkiye        | 11628105        | TR              | 04.06.2021  | -              |
| Security Awareness Certificate                                 | Turkiye        | 11628104        | TR              | 04.06.2021  | -              |
| Personel Survival Techniques Training Certificate              | Turkiye        | 11628103        | TR              | 04.06.2021  | 21.05.2026     |
| Proficiency in Survival Craft And Rescue Boats Certificate     | Turkiye        | 11628102        | TR              | 04.06.2021  | 21.05.2026     |
| Designated Security Duties Certificate                         | Turkiye        | 11628101        | TR              | 04.06.2021  | -              |

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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 : Average

**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.                                          |

Date: 12.12.2024

\_\_\_\_\_  
Signature

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