



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 62770333528
Position Applied for:	Able Seafarer Engine
Date Available from:	-

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Personal Information		Gender: Male
First Name: MEMET SALIH	Last Name: TURKMEN	
Date of Birth: 18.09.1989	Place of Birth (City and Country): Turkey, MERSIN	
Email: damlanur3334@gmail.com	Mobile Number: (+90)541 430 51 54	
Permanent Address: Menderes , 809 street, no 5/1 , Yenikent Sincan, Ankara	Expected Salary Per Month: -	
Nationality: Turkish	Alternative rank applying for: -	
Person to call in emergency: (+90) 542 271 79163 Wife		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Leyla	Turkmen	Female	Wife	+90542717 91 63

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

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Physical Data	
Height	178
Weight	78
Boilersuit Size	L
Shoes Size	43
Blood group	A-
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 00427950	13.06.2024	Turkey	13.06.2029

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	Turkey	499D01CC		12.06.2024	Turkey		12.06.2029
Republic of Azerbaijan	Turkey	U36889765		15.12.2023	Turkey		07.06.2026
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
Security-related Familiarization Certificate	Turkey	11057072	TR	11.10.2018	Unlimited
Security Awareness Certificate	Turkey	11057071	TR	11.10.2018	Unlimited
Designated Security Duties Certificate	Turkey	11057069	TR	11.10.2018	Unlimited
Engine-Room Watchkeeping Certificate	Turkey	11322458	TR	07.11.2019	Unlimited
Proficiency in Survival Craft And Rescue Boats	Turkey	11517313	TR	11.11.2020	11.11.2025
Personal Survival Techniques Training Certificate	Turkey	275CEEFO	TR	10.04.2023	05.04.2028
Personal Safety and social Responsibility Training Certificate	Turkey	61BA3287	TR	10.04.2023	05.04.2028
Certificate of Proficiency in basic Training for oil and Chemical Tanker Cargo Operations	Turkey	715B081D	TR	10.04.2023	05.04.2028
Elementary First Aid Training Certificate	Turkey	56644D13	TR	10.04.2023	05.04.2028
Fire Prevention and Fire Fighting Training Certificate	Turkey	654AD47C	TR	10.04.2023	05.04.2028
Certificate of Proficiency in Basic Training for Liquefied Gas Tanker Cargo Operations	Turkey	28F4B72E	TR	21.12.2023	20.12.2028

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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

Turkish Language : Native
English Language : Poor

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Travel Documents

Name	YES/NO	Country	Date pf Expire
Schengen	YES/NO	YES	14.08.2025
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: 11.02.2025

Signature

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