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Application Form

[PLEASE USE CAPITAL OR UPPERCASE LETTERS TO COMPLETE THIS FORM]

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Individual's Code Number

1. Personal Data

First Name	Middle Name (s)	Last Name / Surname
CEYHUN		YILMAZ

Nationality (or current Citizenship) TR-BG	Country of Origin BULGARIA-TURKEY	Date of Birth: _25_ / 02_ / 1978 (DD / MM / YY)	Place / City of Birth SHUMEN/BULGARIA
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Marital Status ¹ : MARRIED	Gender : Male <input type="checkbox"/> X Female <input type="checkbox"/>	Religion: ISLAM
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¹Select from : ●Single ●Married ●Divorced ●Common Law Partner ●Widowed ●Separated



Rank applied for: MASTER	Willing to accept lower rank? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X	Available From (date): 26_ / 01_ / 2025_ (DD / MM / YY)
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<u>Primary / Permanent Address:</u> Habib Hoca Mh. Büyükbaşarlar Sk. 79/B D-13 UZUNKÖPRÜ/EDİRNE				<u>Alternative / Temporary Address:</u> Until: ____ / ____ / ____	
City: EDİRNE				City:	
Post Code: 22200				Post Code:	
State: UZUNKÖPRÜ				State:	
Country : TURKEY				Country:	
Nearest Airport :ISTANBUL				Phone:	
Home Tel:				Email:ceyhunkaptan1978@gmail.com	
Mobile Tel.05385619469				Fax:	
Contact Method :	Email <input checked="" type="checkbox"/> X	Fax <input type="checkbox"/>	Mobile Phone <input checked="" type="checkbox"/> X	Home Phone <input type="checkbox"/>	Post <input type="checkbox"/>

Collar: cm	Chest: cm	Waist: cm	Inside Leg: cm	Cap: cm
Specify size as S, M, L, XL, XXL for :		Sweater size:	Boilersuit size:	Shoe Size:

2. Personal ID / Documents / Visa

Type of Document / ID ²	Country of Issue	No.	Date of Issue (DD / MM / YY)	Issued at (Place)	Valid Until (DD / MM / YY)
Seaman's Book (National)	TURKEY	S00349135	17.12.2021	ISTANBUL	17.12.2026
Passport	TURKEY	U13615303	28.11.2016	SİLİVRİ	28.11.2026
US Visa C1/D					
National Seaman ID	TURKEY	20140674510			31.01.2031
Yellow fever	NORWAY		07.10.2022	KRISTIANSUND	LIFELONG
Australia MCV					

GIVE TAX INFORMATION BELOW ONLY IF REQUESTED TO DO SO

Social Security	
Number:14540	Issuing Country TURKEY

Personal Tax	
Number:	Issuing Country:

² Select as applicable: ●Passport ●Seamans Book ●Seaman Passport ●Seafarers' Identity Document ●Registration Book ●National ID Card ●PAG-IBIG Housing Insurance ●Health Insurance ●Overseas Emp Cert ●PHL Card ●Pension Fund ●Provident Trust ●Professional Organisation ●Driving Licence ●Visa ●Vaccination ●Yellow Fever.

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3. Nominee / Next of Kin & Family Details

Full Name of Nominee for compensation in case of fatality: ZEYNEP YILMAZ	Relationship ¹ _WIFE_	Gender : Male <input type="checkbox"/> X Female <input type="checkbox"/>	Nationality :TURKISH
Address: Habib Hoca Mh. Büyükbaşarlar Sk. 79/B D-13 UZUNKÖPRÜ/EDİRNE			
City: EDİRNE	Post Code:22200		Country:TURKEY
Email:	Tel:05427655404		Mobile: 05427655404

¹ Select From : ●Spouse ●Partner ●Child ●Parent ●Grand Parent ●Other Relative (Please Specify)

Family Data:

Relationship	First Name	Last Name	Date of Birth	Passport No.	Issued	Place	Valid Until
WIFE	ZEYNEP	YILMAZ	20.02.1982	U23945718	02.02.2021	EDİRNE	02.02.2031
Child M	OĞUZKAĞAN	YILMAZ	10.01.2023	388814880	03.02.2023	BULGARIA	03.02.2028
Child <input type="checkbox"/> M <input type="checkbox"/> F							
Child <input type="checkbox"/> M <input type="checkbox"/> F							
Child <input type="checkbox"/> M <input type="checkbox"/> F							
Child <input type="checkbox"/> M <input type="checkbox"/> F							
Indicate type of valid visa ² <input type="checkbox"/> USA <input type="checkbox"/> Canada <input type="checkbox"/> Brazil <input type="checkbox"/> Schengen <input type="checkbox"/> UK <input type="checkbox"/> Other							

² Strike out inapplicable item ³Please consider period on board

4. STCW-1978 (amended 1995) Compliant Certificates / Courses and Other Qualifications: -

(Add separate sheet if data exceeds space available.)

Description of Cert / Course	Country of Issue	Number	Date of Issue (DD-MM-YY)	Date of Expiry (DD-MM-YY)	Place of Issue	Issuing Authority / Body
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(A) Reg I

Personal Training Record Reg I/14	TURKEY		17.12.2021	17.12.2026	ISTANBUL	ISTANBUL PORT AUTHORITY
Medical Fitness Cert Reg I/9						

(B) Reg VI / 1 – Basic Safety Training

Personal Survival Techniques	TURKEY	11759544	17.12.2021	17.12.2026	ISTANBUL	ISTANBUL PORT AUTHORITY
Elementary First Aid	TURKEY	11759551	17.12.2021	17.12.2026	ISTANBUL	ISTANBUL PORT AUTHORITY
Fire Fighting & Fire Prevention	TURKEY	11759553	17.12.2021	17.12.2026	ISTANBUL	ISTANBUL PORT AUTHORITY
Personal Safety & Social Resp.	TURKEY	11759544	17.12.2021	17.12.2026	ISTANBUL	ISTANBUL PORT AUTHORITY

(C) Reg VI / 2 –4 Additional Training

Proficiency in Survival Craft & Rescue Boat	TURKEY	11759543	17.12.2021	17.12.2026	ISTANBUL	ISTANBUL PORT AUTHORITY
Fast Rescue Boats						
Advanced Fire Fighting	TURKEY	11759548	17.12.2021	17.12.2026	ISTANBUL	ISTANBUL PORT AUTHORITY
Medical First Aid	TURKEY	11759549	17.12.2021	17.12.2026	ISTANBUL	ISTANBUL PORT AUTHORITY
Medical Care (Master / C/O)	TURKEY	11759552	17.12.2021	17.12.2026	ISTANBUL	ISTANBUL PORT AUTHORITY

(D) Reg II / 1-4, III / 1-4 Officers Certificate of Competency & Ratings Watch-keeping Certificate (including flag state endorsements)

OCEANGOİNG MASTER	TURKEY	G20734	17.12.2021	17.12.2026	ISTANBUL	ISTANBUL PORT AUTHORITY
GMDSS	TURKEY	T17479	17.12.2021	17.12.2026	ISTANBUL	ISTANBUL PORT AUTHORITY
BARBADOS ENDORSEMENT	BARBADOS	242235	22.07.2024	17.12.2026	BARBADOS	BARBADOS MARITIME SHIP REGISTRY

⁴ Enter here **actual description** given in the Competency Certificate / Watchkeeping Certificate held by you

(E) Other mandatory/recommended Certificates / Courses – (as applicable)

ARPA (Reg II/1 + Solas)	TURKEY	10192863	18.03.2014		ISTANBUL	ISTANBUL PORT AUTHORITY
Radar Simulator	TURKEY	10192866	18.03.2014		ISTANBUL	ISTANBUL PORT AUTHORITY
English Language						
Bridge Team / Resource Mgmnt	TURKEY	2013-43-13978	20.02.2013		ISTANBUL	ISTANBUL PORT AUTHORITY
Hazmat (US – 49CFR)						
Shiphandling /ShipManoeuvring Simulator	TURKEY	2010/SH00245	08.12.2012		ISTANBUL	BİLİMSSEL DENİZCİLİK
Shipboard Security Officer	TURKEY	11759545	17.12.2021	17.12.2026	ISTANBUL	ISTANBUL PORT AUTHORITY
ECDIS	TURKEY	2013-43-13977	20.02.2013		ISTANBUL	ISTANBUL PORT AUTHORITY

Description of Cert / Course	Country of Issue	Number	Date of Issue (DD-MM-YY)	Date of Expiry (DD-MM-YY)	Place of Issue	Issuing Authority / Body
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(F) GMDSS Certificates (including flag state endorsements)

GMDSS (Main Issuing Authority)	GMDSS	TURKEY	T17479	17.12.2021	17.12.2026	ISTANBUL
GMDSS (Flag State)						
GMDSS (Flag State)						
GMDSS (Flag State)						
GMDSS (Flag State)						
GMDSS (Flag State)						

(G) Reg V / 1 – Special Requirement for Tankers

Description	Level1:Asst Level2:Incharge	Country of Issue	Number	Date of Issue (DD-MM-YY)	Date of Expiry (DD-MM-YY)	Place of Issue	Issuing Authority /
Endorsement – Oil							
Endorsement – Chem I/II							
Endorsement – Chem III							
Endorsement – Gas							
Tanker Familiarisation (Oil) Para 1							
Tanker Familiarisation (Chemical) Para 1							
Tanker Familiarisation (Gas) Para 1							
Special Tanker Safety (Oil) Para 2							
Special Tanker Safety (Chemical) Para 2							
Special Tanker Safety (Gas) Para 2							

(H) V/2 and V/3 – Special requirement for Passenger / Ro-Ro Passenger Vessels

Description	Vsl Type -Pax / RoRoPax	Country of Issue	Number	Date of Issue (DD-MM-YY)	Place of Issue	Issuing Authority / Body
Crowd Management						
Crisis Mgmnt & Human Behaviour						
Pax Safety, Cargo Safety & Hull Integrity	RoPax					
Pax Safety						
Familiarisation Training						
Safety Training						

5. Sea Experience : (Last 5 years; Start the listing below with the most recent experience)

Company	Flag & Vessel Name	Type ⁽¹⁾	GRT	DWT	Main Engine ⁽²⁾	BHP	Rank	Date From dd/mm/yy	Date To dd/mm/yy
INCE SHIPPING	INCE KARADENIZ	B/C		57000			CHF.OFF	5.03.2019	12.10.2019
SEAHORSE SHIPP.	KAMIL	CON		11000			CHF.OFF	2.03.2012	15.10.2012
EMİROĞLU SHIPP.	MIMAR SINAN	B/C		35000			CHF.OFF	5.01.2014	10.09.2014
EMİROĞLU SHIPP.	OSMAN GAZI	B/C		20000			CHF.OFF	7.11.2014	17.12.2015
EMPIRE BULKERS	ANASTASIA	B/C		95000			CHF.OFF	1.02.2016	8.11.2016
EMPIRE BULKERS	PANAGIOTIS	B/C		80000			CHF.OFF	5.01.2017	17.12.2017
EMPIRE BULKERS	ANASTASIA	B/C		95000			CHF.OFF	28.02.2018	24.11.2018
EMPIRE BULKERS	JASMINE A	B/C		78000			MASTER	6.02.2019	2.10.2019
EMPIRE BULKERS	APHRODITE M	B/C		35000			MASTER	28.01.2020	16.12.2020
NEGMAR DEN.	OBA	R/R		6500			MASTER	5.06.2022	7.12.2022
NEGMAR DEN.	DEM	R/R		7500			MASTER	25.07.2023	28.01.2024
EKMEN DEN.	EKMEN TRANS	B/C		7500			MASTER	17.07.2024	26.12.2024

⁽¹⁾ Use *only* the following abbreviations for vsl types:

B/C	Bulk Carrier	FPSO	FloatgProdStorOffldg	MLP	Multi-purpose	PAS	Passenger	YAT	Yacht
CON	Cellular Container	GCD	General Cargo	MSV	MultiServiceVessel	RFG	Reefer Vessel	TNB	Tanker(Bitumen)
CHM	Chem Carrier IMO I-	HLV	Heavy Lift Vsl	NVL	Naval Ship	R/R	Ro/Ro Carrier	TNC	Tanker(Crude)
CH3	Chem Carrier IMO III	LSH	Lash	RIG	OffShore Oil Rig	PRR	RoRo-Pax	TNP	Tanker(Products)
DRG	Dredgers	LIV	Live Stock Carrier	OSV	OffShore Supply	SAL	Sailing Vsl	TNS	Tanker(Storage)
DP	Dynamic Positioning	LNG	LNG Carrier	OBO	Ore/Bulk/OilCarrier	SRV	Survey Vessel	TNV	Tanker(VLCC/ULCC)
FSH	Fishing Vsl	LOG	Log/Timber	O/O	Ore/OilCarrier	SUL	Self-Unloader		
FSO	FloatingStorageOffldg	LPG	LPG Carrier	OTH	Other	TUG	Tug		

⁽²⁾ Engineers to give make/model of engines, e.g. “MAN 14V52/55A” or “SULZER 5RTA58”

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6. Medical History:

Sheet 4

All previous illnesses other than minor afflictions should be stated below or updated. If not previously disclosed, the Company is entitled to refuse any reimbursement of medical costs, claim for treatment or for any other insured benefits.

(A) Have you ever signed off a ship due to medical reasons?

No

If yes, please provide following details (If space is insufficient, attach additional sheets) :

Blood Type:

ARH+

Name of vessel	Date of occurrence	Place of occurrence
Brief description of illness/injury/accident		

(B) Have you undergone any operation in the past?

No

If yes, please provide following details:

Details of operation	Date	Period of disability	Present condition

(C) For what illnesses or accidents have you consulted a doctor during the last 12 months?

Details of illness / accident	Date	Therapy/Treatment

(D) Please give details of any health or disability problem

Details:	

7. Bank Details:

Other Details: (if any)

Bank Name GARANTİ BANKASI (TÜMSAN-İKİTELLİ)	IBAN-TR190006200059800009098026
Address İkitelli OSB,Ziya Gökalp Mh.Hürriyet Blv.Tümsan 1.Kısım Sanayi	
Sitesi No:21 , 34490 Başakşehir/İSTANBUL/TÜRKİYE	
Account Name CEYHUN YILMAZ	
Account No.598-9098026	
Sort Code	

8. General

(A) Have you ever been denied a foreign visa? No

If yes, state which country and reason (if known)

(B) Have you been the subject of a court of enquiry or involved in a maritime accident? ☐ No

If yes, please attach details

(C) Give details below of two recent employers who we may contact for references:

	Reference 1	Reference 2
Name of Company	EKMEN SHIPPING	NEGMAR DENİZCİLİK
Name of person to contact	HUSEYİN SEREZDİ(CREW MANAGER)	TALAT BEY(DPA)
Address	KOSUYOLU,MAHMUT YASARI CD.NO:65/34718 KADIKÖY/İSTANBUL	ALTUNIZADE ORD.PROF.DR.FAHRETTİN KERİM GOKAY CD.NO:35,34668 USKUDAR/İSTANBUL
Country	TURKEY	TURKEY
Telephone	05432470445	05497272844

I hereby declare that the above facts and information are true and accurate. I further consent to the holding and processing by (i) the owners of any vessel on which I may be assigned from time to time and (ii) the Managers and any direct or indirect parent or subsidiary or associated or affiliated company of the Managers (together referred to as "the Companies") for the purposes of my employment, of personal data about me contained herein, or provided to any of the Companies at a later date, including with respect to personal and pensions administration, employee management and as required to comply with any laws, regulations or contracts applicable to any of the Companies or their businesses. I understand that this data will be stored in the Managers' database for the purposes of my current or future employment arranged by the Managers. Further, I confirm that the above may involve the transfer of my personal data within the Managers' organisation.

Place: Date: Signature:

FOR OFFICE USE: