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TITLE	CREW APPLICATION FORM			DOCUMENT NO	OR 131-001

## 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 ONUR	Middle Name (s)	Last Name / Surname AYTÜR
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Nationality (or current Citizenship ) TÜRK	Country of Origin TÜRKİYE	Date of Birth: 28/ 06/ 1982 (DD / MM / YY)	Place / City of Birth TRABZON/YOMRA
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Marital Status <sup>1</sup> :MARRIED	Gender : Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Religion: MUSLİM
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<sup>1</sup>Select from : ●Single ●Married ●Divorced ●Common Law Partner ●Widowed ●Separated

Rank applied for: CHIEF ENGINEER	Willing to accept lower rank? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Available From (date): 31 / 08 / 2022 (DD / MM / YY)
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Primary / Permanent Address: Kaşıstü mahallesi 1314 nolu sokak no:9 Yomra/Trabzon		Alternative / Temporary Address: Until: ____ / ____ / ____	
City: TRABZON	Post Code:	City:	Post Code:
State:	Country :TURKEY	State:	Country:
Nearest Airport :TRB AIRPORT	Home Tel: +90 532441 87 46	Phone:	
Mobile Tel.+90 532 052 80 06	Fax:	Email:Onur.aytur61@gmail.com	
Contact Method :	Email <input type="checkbox"/>	Fax <input type="checkbox"/>	Mobile Phone <input checked="" type="checkbox"/>
		Home Phone <input checked="" 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:XL	Boilersuit size:XXL	Shoe Size:40

### 2. Personal ID / Documents / Visa

Type of Document / ID <sup>2</sup>	Country of Issue	No.	Date of Issue (DD / MM / YY)	Issued at (Place)	Valid Until (DD / MM / YY)
Seaman's Book (National)	COOK İZLAND	3061	31/08/2021		30/08/2026
Passport	TURKEY		01/07/2021		01/07/2031
US Visa C1/D					
National Seaman ID	TURKEY	500342668	12/10/2021		12/10/2026
Yellow fever			2012		
Australia MCV					

GIVE TAX INFORMATION BELOW ONLY IF REQUESTED TO DO SO

Social Security	
Number:	Issuing Country

Personal Tax	
Number:	Issuing Country:

<sup>2</sup> 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.

### 3. Nominee / Next of Kin & Family Details

Full Name of Nominee for compensation in case of fatality: _ LEYLA AYTÜR _	Relationship <sup>1</sup> _ WIFE _	Gender : Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Nationality :TURKISH
Address:Kaşıstü mahallesi 1314 nolu sokak no:9 YOMRA/TRABZON			
City:TRABZON	Post Code:	Country:TURKEY	
Email:	Tel:	Mobile:+90 530 937 61 48	

<sup>1</sup> 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
Spouse / Partner <sup>2</sup>	LEYLA	AYTÜR	1988				
Child <input type="checkbox"/> M <input checked="" type="checkbox"/> F	ZEYNEP	AYTÜR	2011				
Child <input type="checkbox"/> M <input checked="" type="checkbox"/> F	FATIMA	AYTÜR	2014				
Child <input type="checkbox"/> M <input checked="" type="checkbox"/> F	MİHRİŞAH	AYTÜR	2015				
Child <input checked="" type="checkbox"/> M <input type="checkbox"/> F	METİN	AYTÜR	2017				
Child <input type="checkbox"/> M <input type="checkbox"/> F							

Indicate type of valid visa<sup>3</sup>      ☐USA      ☐Canada      ☐Brazil      ☐Schengen      ☐UK      ☐Other

<sup>2</sup> Strike out inapplicable item      <sup>3</sup>Please 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						
Medical Fitness Cert Reg I/9						

**(B) Reg VI / 1 – Basic Safety Training**

Personal Survival Techniques						
Elementary First Aid						
Fire Fighting & Fire Prevention						
Personal Safety & Social Resp.						

**(C) Reg VI / 2 –4 Additional Training**

Proficiency in Survival Craft & Rescue Boat						
Fast Rescue Boats						
Advanced Fire Fighting						
Medical First Aid						
Medical Care (Master / C/O)						

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

<sup>4</sup>						

<sup>4</sup> 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)						
Radar Simulator						
English Language						
Bridge Team / Resource Mgmnt						
Hazmat (US – 49CFR)						
Shiphandling /ShipManoeuvring Simulator						
Shipboard Security Officer						
<b>ECDIS</b>						

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 (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 <sup>(1)</sup>	GRT	DWT	Main Engine <sup>(2)</sup>	BHP	Rank	Date From dd/mm/yy	Date To dd/mm/yy
ASWAN	KATAR M/V PAULA 1	CARGO		40K	HYUNDAI	6000	C/E	04/06/2019	10/02/2020
ASWAN	KATAR M/V PAULA 2	CARGO		27K	MITSU/BW	4500	C/E	03/04/2020	26/10/2020
MULTISHIP	VANAUTU M/V GORDION	KONTEYNR		7K	MITSU/BW	3850	C/E	15/02/2021	07/09/2022
MAUERA	LIBERYA M/V LAYOPERLA	CARGO		25K	KAWASAKI/BW	3800	C/E	10/11/2022	05/06/2023
ARMAOOR	LIBERYA M/V OSIREYS	CARGO		30K	MAN/BW	4600	C/E	21/08/2023	03/03/2024
EKMEN	BARBADOS M/V EMMEN	CARGO		8K	MITSU/BW	2800	C/E	26/03/2024	01/08/2024

<sup>(1)</sup> 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		

<sup>(2)</sup> 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? ☐ Yes ☒ No

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

Blood Type:

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

(B) Have you undergone any operation in the past? ☐ Yes ☒ 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 TÜRKİYE İŞ BANKASI	
Address	
Account Name	
Account No.	
Sort Code	

## 8. General

(A) Have you ever been denied a foreign visa? ☐ Yes ☐ 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? ☐ Yes ☐ 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	ARMADOR	EKMEN SHİPİNG
Name of person to contact	SERPİL KÖMÜRCÜ	HÜSEYİN ÖKSÜZ
Address		
Country	TURKEY	TURKEY
Telephone	+90 549 693 83 68	+90 543 247 04 45

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:**