

## **APPLICATION FORM**

|  |     |     |      | 4   | 0  | 0   | 0 | 6 | 8 |
|--|-----|-----|------|-----|----|-----|---|---|---|
|  | Per | son | al I | D N | um | ber |   |   |   |

| Position Applied for              |                                   |       |   |              |                    |   | Dat   | Date Available from: |                             |  |  |
|-----------------------------------|-----------------------------------|-------|---|--------------|--------------------|---|-------|----------------------|-----------------------------|--|--|
| 1. Personal l                     | Data                              |       |   |              |                    |   |       |                      |                             |  |  |
| Family Nam                        | First Name: Ramiz                 |       |   | Mid          | Middle Name: Mashı |   |       |                      |                             |  |  |
| Date of Birth: 24.01.1964         |                                   |       | Place of Birth (City and Country): Azerbaijan Lerik |              |                    |   | Citiz | enship               | : Caspiam Shipping Companiy |  |  |
| Permanent A                       | , , ,                             |       |   | Phon         | e (Busi            | ne): 00994511246<br>iness/ Mobile)00994552180364<br>un.tk@bk.ru |       |                      |                             |  |  |
| 2. Maritime                       | Education                         |       |   |              |                    |   |       |                      |                             |  |  |
| Name o                            | of school                         |       | Town  |              | Country            | Fro   | m     | To                   | Type of degree or diploma   |  |  |
| Baku marin sc                     | hool                              | Azerb | aijan   |              | Baku               | 198   | 5     | 1989                 | Ab-11 N 020383              |  |  |
|                                   |                                   |       |   |              |                    |   |       |                      |                             |  |  |
| 3. Profession                     | nal Test                          |       |   |              |                    |   |       |                      |                             |  |  |
| English Test Da                   |                                   |       | Name of Test  |              |                    |   |       | Score                |                             |  |  |
| Professional Test Date 12.06.2019 |                                   |       | Name of Test  |              |                    | Score   |       |                      |                             |  |  |
| Professional Int                  | erview Date                       |       | Result  |              |                    |   |       |                      |                             |  |  |
|                                   | etails<br>, Married, Separated, I |       | Widowed)  | ):           |                    |   |       | Relat                | tionship                    |  |  |
| Address of Residen                | ce                                |       |   |              |                    |   |       | Phone:               |                             |  |  |
|                                   | Daughter                          | Sc    |   |              |                    |   |       |                      |                             |  |  |
| Family Name   İbrahimli   İbra    |                                   |       |   | rahimli      |                    |   |       |                      |                             |  |  |
| First Name                        | Sabina                            | Kanan |   |              |                    |   |       |                      |                             |  |  |
| Date of Birth                     | 07.00.1333                        |       |   |              |                    |   |       |                      |                             |  |  |
|                                   |                                   |       |   | ahimli Tunar |                    |   |       |                      |                             |  |  |
| Phone Numbers                     |                                   | 0     | 4.04.20   | 109          |                    |   |       |                      |                             |  |  |
|                                   |                                   |       |   |              |                    |   |       |                      |                             |  |  |
|                                   |                                   |       |   |              |                    |   |       |                      |                             |  |  |

| 5. Identity Docu    | ments      |           |                  |            |             |
|---------------------|------------|-----------|------------------|------------|-------------|
| Document            | Country    | Number    | Place of Issue   | Issue Date | Expiry Date |
|                     | AZERBAİJAN | DQK01439  | RESPUBLIC OF     |            | }           |
| Seaman's Book       |            | 3         | AZERBAİJAN STATE | 02.10.2024 | 02.10.2029  |
| Scalliali S Book    |            |           | MARİTİME         |            |             |
|                     |            |           | ADMINISTRATION   |            |             |
| Tuescal Description | AZERBAİJAN | C02064421 | RESPUBLIC OF     | 18.07.2    | 17.07.20    |
| Travel Passport     |            |           | AZERBAİJAN       | 018        | 28          |
| Civil Passport      |            |           |                  |            |             |

| 6. Valid Visa    |      |             |
|------------------|------|-------------|
| Country or Union | Type | Valid Until |
|                  |      |             |
|                  |      |             |

| 7. Courses Attended and Certificates Obtain      | ined   |       |  |       |  |
|--|--------|-------|--|-------|--|
| Document   | Number |       | ites   | Place |  |
| G . 10   |        | Issue | Expiry   |       |  |
| Certificate of Competency                        |        | 1     |  |       |  |
| Maltese Endorsement of COC                       |        |       |  |       |  |
| Oil Tanker Endorsement                           |        |       |  |       |  |
| Chemical Tanker Endorsement                      |        |       |  |       |  |
| Gas Tanker Endorsement                           |        |       |  |       |  |
| Oil Tanker Familiarization Training              |        |       |  |       |  |
| Chemical Tanker Familiarization Training         |        |       |  |       |  |
| Gas Tanker Familiarization Training              |        |       |  |       |  |
| Oil Tankers Specialized Training                 |        |       |  |       |  |
| Chemical Tanker Specialized Training             |        |       |  |       |  |
| Gas Tanker Specialized Training                  |        |       |  |       |  |
| Basic Trainings                                  |        |       |  |       |  |
| Proficiency in Survival Craft and Rescue Boats   |        |       |  |       |  |
| Advanced Fire Fighting                           |        |       |  |       |  |
| Medical First Aid Training                       |        |       |  |       |  |
| Medical First Aid Training and Medical Care      |        |       |  |       |  |
| GMDSS  |        |       |  |       |  |
| GMDSS Endorsement                                |        |       |  |       |  |
| Radar Observation & Plotting                     |        |       |  |       |  |
| Automatic Radar Plotting Aids Simulator (ARPA)   |        |       |  |       |  |
| Bridge Team Management                           |        |       |  |       |  |
| Shiphandling & Maneuvering                       |        |       |  |       |  |
| Ship Security Officer Training Course            |        |       |  |       |  |
| Maltese Endorsement of SSO                       |        |       |  |       |  |
| ISM Code   |        |       |  |       |  |
| Safety Officer                                   |        |       |  |       |  |
| ECDISTraining Course                             |        |       |  |       |  |
| Risk Assessment Course                           |        |       |  |       |  |
| C.O.W./ I.G.S                                    |        |       |  |       |  |
| Fire Practice on Tankers                         |        |       |  |       |  |
| Vapour Recovery System                           |        |       |  |       |  |
| Unmanned Machinery Space                         |        |       |  |       |  |
| FRAMO Familiarization Course                     |        |       |  |       |  |
| Cargo Ballast Operations on Oil/Chemical Tankers |        | 1     |  |       |  |
| Hazardous Materials                              |        | †     |  |       |  |
| Welder   |        | †     |  |       |  |
| Turner   |        | +     |  |       |  |
| Risk Management And Incident Investigation       |        | +     |  |       |  |
| Training of seafarers with designated security   |        | +     | <del>                                     </del> |       |  |
| duties in compliance with ISPS Code              |        |       |  |       |  |

| 8. Physical Data                           |               | T~ .                     |             |          |     |                |
|--|---------------|--------------------------|-------------|----------|-----|----------------|
| Height                                     |               | Good                     |             |          |     |                |
| Weight                                     |               | 76                       |             |          |     |                |
| Colour of Hair                             |               | Black                    |             |          |     |                |
| Colour of Eyes                             |               | Brown                    |             |          |     |                |
| Boilersuit Size                            |               | XI                       |             |          |     |                |
| Shoes Size                                 |               | 41                       |             |          |     |                |
| O Madical History                          |               |                          |             |          | Vac | N <sub>a</sub> |
| 9. Medical History                         | - 4           | 1:1                      |             |          | Yes | No             |
| Have you ever signed off a ship du         | e to med      | ilcai reasons?           |             |          | Yes | NI             |
| Did you undergo any medical opera          |               |                          | / .1 .0     |          |     | No             |
| Have you consulted a doctor during         |               |                          | s/accident? |          |     | No             |
| Do you have any health or disabilit        | y proble      | ems now?                 |             |          |     | No             |
| If yes, please give full details:          |               |                          |             |          |     |                |
|  |               |                          |             |          |     |                |
|  |               |                          |             |          |     |                |
|  |               |                          |             |          |     |                |
|  |               | Passed:                  |             | Valid ti | 11: |                |
| International Medical Examination          |               |                          |             |          |     |                |
| Vaccination Against Yellow Fiver           |               | 2013                     |             | 2023     |     |                |
| Vaccination Against Diphtheria             |               | Yellov feve vaccere      |             |          |     |                |
| * ************************************     |               | 2 0220   20   0   0   0  |             |          |     |                |
|  |               |                          |             |          |     |                |
| 10. References (please give name and addre | ess of your c | urrent or past employer) | Office      | rema     | rks |                |
| Name of Company                            | Ece Shi       | pping Lip                |             |          |     |                |
| Name of person to contact                  | Cağıl ı       | manager                  |             |          |     |                |
| Address                                    | Istanb        |                          |             |          |     |                |
| Phone                                      | +9053         | 34338018                 |             |          |     |                |
| Name of Company                            |               | a shipping ltp           |             |          |     |                |
| Name of person to contact                  |               |                          |             |          |     |                |
| Address                                    | Istanb        | n manager                |             |          |     |                |
|  |               | 56113619                 |             |          |     |                |
| Phone                                      | +9033         | 30113019                 |             |          |     |                |
| 11. Bank address for allotments            |               |                          |             |          |     |                |
| Beneficiary                                |               |                          |             |          |     |                |
| Account No.                                |               |                          |             |          |     |                |
| Name of Bank                               |               |                          |             |          |     |                |
| Bank Address                               |               |                          |             |          |     |                |
| Bank Address                               |               |                          |             |          |     |                |
| 12. Knowledge and experience               |               |                          | ,           | Yes      |     | No             |
| OCIMF vetting experience:                  |               |                          |             | 1 05     |     | 110            |
| ISGOT knowledge:                           |               |                          |             |          |     |                |
| •  |               | ding Modical III.de      | ia 4w a     |          |     |                |
| 13. I hereby declare that the abov         |               | iaing Medical History,   |             | ***      |     |                |
| Place                                      | Date          |                          | Signatu     | ire      |     |                |
|  |               |                          |             |          |     |                |
| 14. For Office use only                    |               |                          |             |          |     |                |
|  |               |                          |             |          |     |                |
|  |               |                          |             |          |     |                |
|  |               |                          |             |          |     |                |
|  |               |                          |             |          |     |                |

## 15. Seagoing Experience

| Name of vessel       | Flag            | Vessel's<br>Type | DWT   | Eng Type | HP | Manager or Owner       | Rank   | From d/m/y | To<br>d/m/y | Total<br>m/d |
|----------------------|-----------------|------------------|-------|----------|----|------------------------|--------|------------|-------------|--------------|
| M/v hazi Aslanov     | Azerbayca<br>n  | Oil tanker       | 12000 | Skhoda   |    | Caspian shipping       | Ch.Eng | 1999       | 2000        |              |
| M/ v Teymur Ahmmedov | Azerbayca<br>n  | Carrgo           | 3000  | Skl      |    | Caspian Shipping       | Ch.Eng | 2000       | 2001        |              |
| M/v Qara qarayev     | Azerbayca<br>n  | Roro             | 8000  | Mak      |    | Caspian shipping       | Ch.eng | 2001       | 2004        |              |
| M/vAbasov            | Azerbayca<br>an | OilTanker        | 5000  | Shkoda   |    | Caspian Shipping       | Ch.eng | 2004       | 2005        |              |
| M/v DenizAtı         | Togo            | Cargo            | 5000  | Skl      |    | DenizAtı shipping      | Ch.eng | 2006       | 2008        |              |
| M/v Andromeda        | Malta           | Cargo            | 5000  | Mak      |    | Beyaz shipping         | Ch.eng | 2008       | 2009        |              |
| M/v Heather          | Malta           | Chemical         | 10000 | Mak      |    | Atlanthic shipping     | Ch.eng | 2009       | 2010        |              |
| M/v Pearl            | Sierra Leone    | Cargo            | 3000  | Shkoda   |    | Rivertechnical Trading | Ch.eng | 2011       | 2012        |              |
| M/v cerencan         | Togo            | Cargo            | 3000  | Skl      |    | Ege shipping           | Ch.eng | 2013       | 2017        |              |
| M/v Nila             | Togo            | Cargo            | 3000  | Shkoda   |    | Caprpico shipping      | Ch eng | 2017       | 2018        |              |
| M/v Amur 2518        | Rusiya          | Cargo            | 3000  | Skl      |    | Dagistan Shipping      | Ch.eng | 2019       | 2024        |              |

## Total rank sea service:

| Rank  | Years |
|-------|-------|
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| Total |       |

## Total type of vessel sea service:

| Type of vessel       | Years |
|----------------------|-------|
| OIL TANKER           | 18    |
| LPG                  |       |
| DRY CARGO            | 10    |
| TANKER ICE           |       |
| OIL /CHEMICAL TANKER | 2     |
| FERRY                |       |
| Total:               |       |

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