

APPLICATION FOR POSITION AS 2 ND OFFICER				ОТ	OTHER POSITION (IF ANY)			') 2	2 ND OFFICER			
4 DEDCOMAL	DETAILO											
1. PERSONAL TITLE MR/MRS		MR				SEX			MALE	X	FEMALE	
SURNAME	0/1VI133		IALLI			SEA			IVIALE	Α	FEIVIALE	- ⊔
FIRST NAME		CABI				OTUE	DC N	ANIES	N/A			
DATE OF BIRTH						OTHERS NAMES		AZERBAIJAN				
NATIONALITY	1		16.02.1982 AZERBAIJANIAN			PLACE OF BIRTH MARITAL STATUS			MARIED			
COLOUR OF E	/EQ	BRO						F HAIR	BLACK			
MOTHER'S NAM		KUBI				FATH			QALABA	`		
MOTHER'S MAI			YEVA			FAITI	EKS	INAIVIE	WALADA	`		
	DEN NAME	176	ILVA			WEIG	UT /V	G)	79			
, ,	TIZIOTTI (OIII)			=\/ INI		•	,					
	BAKIYANC	W DISTRI	CT SEME	DREK			STREET N/A					
NO & SIREET	NO & STREET BAKIXANOV DISTRICT, SEMEDBEK MEHMANDAROV STREET 21, HOME 28			NO	0 & STREET N/A							
CITY	BAKU				CIT	Υ		N/A				
POST CODE	AZ1040				РО	ST COL	DΕ	N/A				
COUNTRY	AZERBAI	JAN			СО	UNTRY	,	N/A				
TEL. NO.	(012) 4252	114			TEI	L. NO. N/A						
MOBILE	+99470768	30111			МО	OBILE N/A						
E-MAIL	jabbar.zeyı	nalli@mai	l.ru		E-N	MAIL N/A						
FAX	N/A				FAX	X N/A						
3. NEXT OF K	IN											
FULL NAME	ZEYNAL	LI CABBA	R QALABA	OGLU			REL	ATIONS	HIP	FATH	ER	
ADDRESS	BAKIXAI	NOV DIST	RICT, SEM	EDBEK	MEHI	MANDAI	ROV S	TREET 21	I, HOME 28	3		
CITY	BAKU					COUNTRY			AZER		BAIJAN	
TEL. NO.	+994124252114 MOBILE				+994707680111			FAX NO. N		/A		
4. TRAVEL DO	CUMENT	S										
TYPE D		DOCUM	ENT NO. ISS.DA		ATE EXP. D		P. DATE ISS. B		BY (AUTHORITY)		PLACE OF ISSUE	
PASSPORT C03694094		94	14.11.2	14.11.2022		13.11.2032		MINISTRY OF INTERNAL AFFA		AZERBAIJA	AZERBAIJAN	
SEAMAN BOOK D		DQK 021	876	06.11.2	06.11.2022		06.11.2027		AZERBAIJAN STATE		AZERBAIJAN	

MARITIME ADMINISTRATION

5. BANK ACCOUNT INFORMATION																
BANK NAME Azerbaijan International Bank BRANCH Bak								akikh	anov							
BANK ADDRESS	Azerbai	ijan , Bak	u ,Bakik	hanov	street	,										
CITY									COUNTRY AZERBAIJAN							
SORT CODE				ACCOUNT NO 5522 0993 5579 9537												
BANK SWIFT CODE 5522 0993 5			5579 9537 BANK TEL. NO													
ACCOUNT OWNER'S	JAI	JABBAR ZEYNALLI														
ACCOUNT OWNER'S	ADDRES	SS Aze	erbaijan	, Baku	,Bakil	khanov str	eet,									
6. EDUCATION																
SCHOOL NAME		AIJAN ST OR LEVEL	ATE MA	ARINE	ACADI	EMY			FR	MO	:	2014	ТО	20	18	
7. PROFESSIONAL	OLIAL II	FICATIO	N / CF	RTIF	ICATI	F OF CO	MPI	ETEN	AC.Y	,						
7.1 KOI ESSIONAL	QUALII	ICATIC)III / CL	.1\ 111	ICATI	ISSUE		1	XPIF			ISSUED	RV			
CERTIFICAT	E NAME		N	NUMBI	ER	DATE			DATI		(AUTHOF		IS	SUED AT	
OFFICER IN CH NAVIGATIONA		O	000745/21		09.12.20)21			026	AZERBAIJAN STATE MARITIME ADMINISTRATION						
ENDORSEMENT OF COC		С	O	00745	/21	09.12.20	2.2021 09.12.202		026	AZERBAIJAN STATE MARITIME ADMINISTRATION						
8. LANGUAGES																
ENGLISH	FLU	JENT			WEAK		[☐ FAIR		R		\boxtimes	POO	OR 🗆		
TURKISH				X GOOI)	[□ FAIR		R	□ POC		POOI	OR 🗆		
RUSSIAN	FLU	JENT		□ GOO)	X FA		FAI	R			POOR		R 🗆	
9. HEALTH CERTIF	ICATES	& VAC	CINAT	IONS												
						SSUE	Е	XPIR	RΥ		ISS	SUED BY				
FLAGE STATE		NUMBER			DATE DATE			(THORITY		ISSUED AT				
SEAMAN'S MEDICAL CERTIFICATE		07	07143		14.	06.2024	14.06.2026		Ur	niklii	nika Medi Center	cal	AZEF	RBAIJAN		
YELLOW FEVER VACCINE		c839	c839 p058		16.	04.2024	08.2025		5	V	INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS)F)R			
10. SAFETY CLOTH	IING															
BOILERSUIT SIZE		2XL				воот	S SIZ	ZE				41				
11. MARINE COURS	SES															
COURSE NAME		NUMBER		₹		ISSUE DATE		EXPIRY DATE		(ISSUED BY (AUTHORITY)					
ECDIS		SZ	SZ-0126-25		04.	04.2025	04.04.203		030	AZERBAI STATE MAR ADMINISTR		MARITI	RITIME		AZERBAIJAN	
BRIDGE RESOURCE MANAGEMENT		sv	V-0120-	25	09.	.04.2025	09.04.203		030	AZERBAL STATE MAR ADMINISTRA		MARITI	RITIME AZE		AZERBAIJAN	
LEADERSHIP AND TEAMWORK		DI	DL-0497-24		05.0	08.2024	4 05.08.20		029				ARITIME		AZERBAIJAN	
MEDICAL FIRST AID		SN	V-0744-2	24	02.	08.2024	NONE			AZERBAL STATE MARI ADMINISTRA		MARITI	RITIME A		AZERBAIJAN	
ADV. FIRE FIGHTING		SJ	I-0867-2	24	09.	08.2024	09.	08.20)29	ST	ATE	ERBAIJAN E MARITI NISTRATI	ME	AZEI	RBAIJAN	

Application Date: 31/05/2024

ADV. TRAINING FOR CHEMICAL TANKER CARGO OPERATIONS	AS-0022-25	14.05.2025	14.05.2030	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
DANGEROUS HAZARDOUS AND HARMFUL CARGOES	SK-0647-25	20.05.2025	15.05.2030	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
ADV. TRAINING IN OIL TANKER CARGO OPERATIONS	UAG-TC-19-ATOT- 00229	29.04.2025	27.03.2030	PH BICSA FINANCIAL CENTER FLOOR 44 OFFICE NO 4406	REPUBLIC PANAMA

SHIP HANDLING and MANOEURING	SV-0066-25	07.04.2025	07.04.2030	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
G.M.D.S.S.(GENERAL OPERATOR)	DQ-0098-25	13.05.2025	13.05.2030	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
RADAR ARPA (MANAGEMENT LEVEL)	SR-0010-21	02.03.2021	02.03.2026	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
PROF. IN SURVIVAL CRAFT & RESCUE BOATS	SL-1099-22	10.05.2022	29.04.2027	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
ISPS BASIC FAMILIARIZATION	SI-1052-22	19.05.2022	06.05.2027	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
BASIC SAFETY TRAINING	SO-2279-22	26.05.2022	17.05.2027	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
DESIGNATED SECURITY DUTIES	SH-1064-22	03.06.2022	03.06.2027	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
ISM CODE	SP-0648-21	16.05.2021	12.05.2026	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN
MEDICAL CARE ON BOARD	SM-0267-24	19.08.2024	NONE	AZERBAIJAN STATE MARITIME ADMINISTRATION	AZERBAIJAN

COMPLETE SEA – SERVICE DETAILS (LAST VESSELS FIRST)

COMPANY NAME	RANK	VESSEL NAME	SIGNED ON	SIGNED OFF	PERIOD IN MONTHS	TYPE OF VESSEL	D.W.T.	ENGINE TYPE	ВНР	KW
MG SHİPPİNG 1 Co. Ltd	2 ND	MUKHTAR				GENERA		CI 20		
PALMALİ	OFFİC ER	GASIMLI	.22.08.2024	13.03.2025	6.23	LCARGO	5684	6L20 Wartsila	2987	2240
AARON SHIPTRADECO.,	2 ND OFFICER	DOBRYNY ANIKITICH	12.12.2023	13.05.2024	5.01	GENERAL CARGO	5260	Г70(6ЧРН 36/45)	2352	1764
KRISTINA MARITIMES.A	2 ND OFFICER	ILYA MURO METS	23.05.2023	09.11.2023	5.18	GENERAL CARGO	5176	Г60(6ЧРН 36/45)	1817	1350
INTELLIGENCE						GENERAL		SULZER		
ALLIANZ LTD	2 ND OFFICER	SOGDIANA	05.12.2022	15.04.2023	4.12	CARGO	3054	8ASL 25 30	1733	1288
Azerbaijan caspian shipping company	3 RD OFFICER	SHAR SABIR	17.09.2020	30.03.2021	6.14	GENERAL CARGO	5000	SKODA	2692	2000
Azerbaijan state coustoms committee	3 RD OFFICER	GÖMRÜK -3	15.07.2019	15.07.2020	28.17	HGH SPEED	1600	MAN	1445	1074
Azerbaijan state coustoms committee	AB	GÖMRÜK -3	15.07.2016	30.11.2018	28.17	HGH SPEED	1600	MAN	1445	1074

I declare that the information I have given is, to the best of my knowledge, true and complete.

I also declare that the documents submitted are genuine, given and sign by persons whose names appear on them.

28/05/2025	
DATE	SIGNATURE

Officer Application F	Ref .No (For Offic	cial Use)		
Medical History				
Have you ever signed off from a ship due to med	ical reasons?			NO
(If yes give details)				*yes/no
Name of V		occurrence nmm-yyyy)		
Brief Description Of illness/Injury/Accident				
		Details		
Have you ever suffered from any ailment or disea	ase in the past that is likely to render you	Details	i	
unfit for sea service or likely to endanger the hea	Ith /well being of others onboard?	NO		
(If Yes give details)	*Yes/No		Details	
Do you have any bodily defects or deficiencies?		NO	Details	
(If Yes give details)	*Yes/No			
Are you currently suffering from any ailment or di sea service or likely to endanger the healthy /wel	NO	Details		
(If Yes give details)	*Yes/No		Details	
Are you addicted to alcohol or drug of any kind?		NO	Details	
(If Yes give details)	*Yes/No			
Are you suffering from an ailment that requires you	ou to be on a long -term		Details	
treatment/medication?		NO		
(If Yes give details)	*Yes/No		D-1-II-	
Have you ever deported or banned from entering	any country?	NO	Details	
(If Yes give details)	*Yes/No			
Have you ever been convicted of a criminal or dru	ug offence or have any pending offences?)	Details	
		NO		
(If Yes give details)	*Yes/No		Details	
Do you have any obligations towards your curren	t/previous employers?	NO	Dotano	
(If Yes give details)	*Yes/No			
I hereby affirm that all the information provious belief; further, that no certificate of compete that my medical history contained above is tor injury will disqualify me from any employed	ncy or License issued to me has eve rue and any false statement or undisc	r been Rev	oked or Susp	ended. I also certif
	dd-mmm-yyyy (Format)		(Signature