



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



## APPLICATION FORM

1

|                              |                                             |
|------------------------------|---------------------------------------------|
| <b>Position</b>              | <b>identity card PIN Number 27P3UKX</b>     |
| <b>Position Applied for:</b> | Rating forming part of a navigational watch |
| <b>Date Available from:</b>  | -                                           |

2

|                                                                                                    |                                                          |                     |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------|
| <b>Personal Information</b>                                                                        |                                                          | <b>Gender: Male</b> |
| <b>First Name: MURAD</b>                                                                           | <b>Last Name: RAMAZANOV</b>                              |                     |
| Date of Birth: 24.02.1990                                                                          | Place of Birth (City and Country): Azerbaijan, BAKU      |                     |
| Email: 2024muhammad2024@gmail.com                                                                  | Mobile Number: (+994) 77 314 77 59 ; (+994) 70 350 82 01 |                     |
| Permanent Address: Nizami Ismayilov street, Garachukhur settlement, Surakhani district ,Azerbaijan | Expected Salary Per Month: -                             |                     |
| Nationality: Azerbaijan                                                                            | Alternative rank applying for: -                         |                     |
| Person to call in emergency: (+994) 55 788 77 97 Mother                                            |                                                          |                     |

3

|                                                                              |                  |               |                 |                |
|------------------------------------------------------------------------------|------------------|---------------|-----------------|----------------|
| <b>Family Details: (If Unmarried kindly give details of Father / Mother)</b> |                  |               |                 |                |
| <b>First Name</b>                                                            | <b>Last Name</b> | <b>Gender</b> | <b>Relation</b> | <b>Contact</b> |
| Khuraman                                                                     | Ramazaova        | Female        | Mother          | +994557887797  |
|                                                                              |                  |               |                 |                |

4

|                           |                |             |            |                                  |
|---------------------------|----------------|-------------|------------|----------------------------------|
| <b>Maritime Education</b> |                |             |            |                                  |
| <b>Name of school</b>     | <b>Country</b> | <b>From</b> | <b>To</b>  | <b>Type of degree or diploma</b> |
| Kanat Maritime MMC        | Azerbaijan     | 22.01.2024  | 09.08.2024 | Course                           |
|                           |                |             |            |                                  |

5

|                                                                                                                           |          |
|---------------------------------------------------------------------------------------------------------------------------|----------|
| <b>Physical Data</b>                                                                                                      |          |
| Height                                                                                                                    | 171      |
| Weight                                                                                                                    | 80       |
| Boilersuit Size                                                                                                           | M        |
| Shoes Size                                                                                                                | 41       |
| Blood group                                                                                                               | A(II)RH+ |
| Additional Physical Information: {You can write any other information you want to add about your physique in this field.} |          |

6

|                                          |
|------------------------------------------|
| <b>Seaman`s Book &amp; Identify Docs</b> |
|------------------------------------------|

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

| DOCUMENT                                         | COUNTRY    | NUMBER     |    | DATE OF ISSUE | PLACE OF ISSUE |                | DATE OF EXPIRY |
|--------------------------------------------------|------------|------------|----|---------------|----------------|----------------|----------------|
| Seaman Book                                      | Azerbaijan | DQK 029779 |    | 12.09.2024    | Azerbaijan     |                | 12.09.2029     |
| Certificate of Competency                        | Azerbaijan | RP15929    |    | 04.09.2024    | Azerbaijan     |                | -              |
| Republic of Azerbaijan                           | Azerbaijan | C03803960  |    | 08.07.2022    | Azerbaijan     |                | 07.07.2032     |
| 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     |            |            |    | -             |                |                |                |

7

## Professional Test

| Professional Test Date | Name of Test | Score |
|------------------------|--------------|-------|
| -                      | -            | -     |
|                        |              |       |
|                        |              |       |

8

## License

| Name                                                          | Issuing Country | Certificate Number | Valid Until |
|---------------------------------------------------------------|-----------------|--------------------|-------------|
| National endorsement of certificate of competency (if issued) | -               | -                  | -           |
| Flag State Endorsements                                       | -               | -                  | -           |

9

## STCW Certificates &amp; Trainings

| Courses                                                         | Issued Country | Certificate No. | Training Center | Date Issued | Date Of Expiry |
|-----------------------------------------------------------------|----------------|-----------------|-----------------|-------------|----------------|
| PERSONAL SURVIVAL TECHNIQS                                      | Azerbaijan     | SO-3121-24      | SMPA            | 16.08.2024  | 16.08.2029     |
| FIRE PREVENTION & FIRE FIGHTING                                 | Azerbaijan     | SO-3121-24      | SMPA            | 16.08.2024  | 16.08.2029     |
| ELEMENTARY FIRST AID                                            | Azerbaijan     | SO-3121-24      | SMPA            | 16.08.2024  | 16.08.2029     |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY                         | Azerbaijan     | SO-3121-24      | SMPA            | 16.08.2024  | 16.08.2029     |
| SAFETY FAMILIARIZATION TRAINING                                 | Azerbaijan     | SO-3121-24      | SMPA            | 16.08.2024  | 16.08.2029     |
| International Safety Management                                 | Azerbaijan     | SP-2275-24      | SMPA            | 19.07.2024  | 19.07.2029     |
| Proficiency in Survival Craft & Rescue Boats                    | Azerbaijan     | SL-2261-24      | SMPA            | 08.07.2024  | 04.07.2029     |
| Security Awareness Training For All Seafarers                   | Azerbaijan     | SI-2824-24      | SMPA            | 16.07.2024  | Unlimited      |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan     | SH-2353-24      | SMPA            | 02.08.2024  | Unlimited      |

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(Please give a full record starting with the last vessel on which you served)

[illegible]

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**11 For Engineers (Please provide details)**

|                                          |   |
|------------------------------------------|---|
| Generators                               | - |
| Purifiers and Boilers                    | - |
| Type of Cranes / No of Reefer Containers | - |

**12 Other Experience**

Russian Language : Good  
Azerbaijan Language : Native

**12 Travel Documents**

| Name      | YES/NO | Country | Date pf Expire |
|-----------|--------|---------|----------------|
| Schengen  | YES/NO | NO      | -              |
| US        | YES/NO | NO      | -              |
| China     | YES/NO | NO      | -              |
| Australia | YES/NO | NO      | -              |

**13 Insurance ,Health Related Documentation**

|                                    |        |     |
|------------------------------------|--------|-----|
| Medical Certificate (Fit for Duty) | YES/NO | YES |
| <b>Vaccination</b>                 |        |     |
| Yellow Fever                       | YES/NO | NO  |
| 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)

**14 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)

**15 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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16

**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.                     | -   | -   |

17

**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.



Signature

Date: 10.06.2025

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