



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

| | |
|------------------------------|---|
| Position | identity card PIN Number 640H4H9 |
| Position Applied for: | Cook |
| Date Available from: | - |

2

| | |
|--|---|
| Personal Information | Gender: Male |
| First Name: TOGHRUL | Last Name: BABASHOV |
| Date of Birth: 30.05.1997 | Place of Birth (City and Country): Azerbaijan, SALYAN |
| Email: babasovtogrul10@gmail.com | Mobile Number: (+994) 51 419 88 61 |
| Permanent Address: Yenikand village, Salyan district, Azerbaijan | Expected Salary Per Month: - |
| Nationality: Azerbaijan | Alternative rank applying for: - |
| Person to call in emergency: (+994) 51 419 88 60 Father | |

3

| | | | | |
|--|------------------|---------------|-----------------|----------------|
| Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
| First Name | Last Name | Gender | Relation | Contact |
| Natig | Babashov | Male | Father | +994514198860 |
| | | | | |

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| | | | | |
|---------------------------|----------------|-------------|------------|----------------------------------|
| Maritime Education | | | | |
| Name of school | Country | From | To | Type of degree or diploma |
| United Alliance Group LTD | Azerbaijan | 05.08.2024 | 14.01.2025 | Course |
| | | | | |

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| | |
|---|-----------|
| Physical Data | |
| Height | 180 |
| Weight | 95 |
| Boilersuit Size | 2XL |
| Shoes Size | 44 |
| Blood group | B(III)RH+ |
| Additional Physical Information: {You can write any other information you want to add about your physique in this field.} | |

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| | | | | | |
|--|----------------|---------------|----------------------|-----------------------|-----------------------|
| Seaman`s Book & Identify Docs | | | | | |
| DOCUMENT | COUNTRY | NUMBER | DATE OF ISSUE | PLACE OF ISSUE | DATE OF EXPIRY |

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

| | | | | | |
|--|------------|------------|-------------|------------|----------------|
| Seaman Book | Azerbaijan | DQK 031884 | 14.06.2025 | Azerbaijan | 14.06.2030 |
| Certificate of Competency | Azerbaijan | RP16867 | 04.04.2025 | Azerbaijan | - |
| Republic of Azerbaijan | Azerbaijan | - | - | Azerbaijan | - |
| 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 |
|------------------------|--------------|-------|
| - | - | - |
| | | |
| | | |

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License

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

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STCW Certificates & Trainings

| Courses | Issued Country | Certificate No. | Training Center | Date Issued | Date Of Expiry |
|---|----------------|-----------------|-----------------|-------------|----------------|
| PERSONAL SURVIVAL TECHNIQS | Azerbaijan | SO-3490-24 | SMPA | 13.09.2024 | 13.09.2029 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-3490-24 | SMPA | 13.09.2024 | 13.09.2029 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-3490-24 | SMPA | 13.09.2024 | 13.09.2029 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-3490-24 | SMPA | 13.09.2024 | 13.09.2029 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-3490-24 | SMPA | 13.09.2024 | 13.09.2029 |
| International Safety Management | Azerbaijan | SP-3306-24 | SMPA | 01.10.2024 | 30.09.2029 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-3214-24 | SMPA | 20.09.2024 | 19.09.2029 |
| Security Awareness Training For All Seafarers | Azerbaijan | SI-3781-24 | SMPA | 24.09.2024 | Unlimited |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | SH-3184-24 | SMPA | 04.10.2024 | Unlimited |

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

[illegible]

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For Engineers (Please provide details)

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

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Other Experience

Azerbaijan Language : Native
Turkish Language ; Good

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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 | - |

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Insurance ,Health Related Documentation

| | | |
|------------------------------------|--------|-----|
| Medical Certificate (Fit for Duty) | YES/NO | YES |
| Vaccination | | |
| 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)

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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)

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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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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. | - | - |

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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.

Date: 30.06.2025

Signature

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