

**UNITED ALLIANCE GROUP LTD**

AZERBAIJAN BRANCH



APPLICATION FORM

1

| | |
|------------------------------|---|
| Position | identity card PIN Number 6ZY9T01 |
| Position Applied for: | Rating forming part of an engine-room watch |
| Date Available from: | - |

2

| | | |
|---|--|---------------------|
| Personal Information | | Gender: Male |
| First Name: SANAN | Last Name: | |
| Date of Birth: 28.08.2000 | Place of Birth (City and Country): Azerbaijan, BILASUVAR | |
| Email: senannezerli53@gmail.com | Mobile Number: (+994) 50 377 91 07 | |
| Permanent Address: Bilasuvar district , Azerbaijan | Expected Salary Per Month:- | |
| Nationality: Azerbaijan | Alternative rank applying for: - | |
| Person to call in emergency: (+994) 50 412 72 37 Brother | | |

3

| | | | | |
|--|------------------|---------------|-----------------|----------------|
| Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
| First Name | Last Name | Gender | Relation | Contact |
| Kanan | Nazarli | Male | Brother | +994504127237 |
| | | | | |

4

| | | | | |
|---------------------------|----------------|-------------|------------|----------------------------------|
| Maritime Education | | | | |
| Name of school | Country | From | To | Type of degree or diploma |
| Kainat Maritime mmc | Azerbaijan | 06.01.2023 | 31.07.2023 | Course |
| | | | | |

5

| | |
|--|----------|
| Physical Data | |
| Height | 170 |
| Weight | 75 |
| Boilersuit Size | L |
| 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

| | | | | | |
|--|----------------|---------------|----------------------|-----------------------|-----------------------|
| 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 025213 | 28.09.2023 | Azerbaijan | 28.09.2028 |
| Certificate of Competency | Azerbaijan | RP13602 | 19.09.2023 | Azerbaijan | - |
| Republic of Azerbaijan | Azerbaijan | C03863898 | 09.08.2023 | Azerbaijan | 08.08.2033 |
| 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 & Trainings

| Courses | Issued Country | Certificate No. | Training Center | Date Issued | Date Of Expiry |
|--|----------------|-----------------|-----------------|-------------|----------------|
| PERSONAL SURVIVAL TECHNIQS | Azerbaijan | SO-4057-23 | SMPA | 07.08.2023 | 02.08.2028 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-4057-23 | SMPA | 07.08.2023 | 02.08.2028 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-4057-23 | SMPA | 07.08.2023 | 02.08.2028 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-4057-23 | SMPA | 07.08.2023 | 02.08.2028 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-4057-23 | SMPA | 07.08.2023 | 02.08.2028 |
| International Safety Management | Azerbaijan | SP-2702-23 | SMPA | 10.08.2023 | 10.08.2028 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-2910-23 | SMPA | 08.08.2023 | 08.08.2028 |
| Security Awareness Training For All Seafarers | Azerbaijan | SI-2303-23 | SMPA | 27.07.2023 | 27.07.2028 |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | SH-2109-23 | SMPA | 04.08.2023 | 04.08.2028 |
| Basic training and qualifications on oil and chemical tanker cargo operations; | Azerbaijan | SA-0589-23 | SMPA | 26.07.2023 | 26.07.2028 |
| Training of Passenger ship personnel | Ukraine | 6/2024/16 | ATC | 03.09.2024 | 03.09.2029 |

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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

Azerbaijan Language ; Native
Turkish Language : Good

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 |
| 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)

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.

Date: 30.06.2025

Signature

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