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APPLICATION FORM

1	Position	identity card PIN Number 1JMAXNM				
	Position Applied for:	Rating forming part of a navigational watch				
	Date Available from:	-				

Gender: Male
Last Name: BAKHSIYEV
Place of Birth (City and Country): Azerbaijan, SIYAZAN
Mobile Number: (+994) 70 322 0053
Expected Salary Per Month:
1300\$-1500\$
Alternative rank applying for: -
83 35 89 Father

3	Family Details: (If Unmarried kindly give details of Father / Mother)								
	First Name	Last Name	Gender	Relation	Contact				
	Musa	Bakhsiyev	Male	Father	+994 70 883 35 89				

Maritime Education						
Name of school	Country	From	То	Type of degree or diploma		
Kaspian Education Center	Azerbaijan	10.2023	04.2024	Course		

Physical Data	
Height	170
Weight	90
Boilersuit Size	XL
Shoes Size	43
Blood group	A(II)RH-
Additional Physical Information:{You can write an	ny other information you want to add about your physique in this field.}

Ship Management ISM&ISPS Management **Ship Agency** Consultations Provision, Ship Supply

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

Seaman's Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF	ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK	028477	08.06.2024	Azerba	aijan	08.06.2029
Certificate of Competency	Azerbaijan	RP	15078	23.05.2024	Azerba	aijan	-
Republic of Azerbaijan	Azerbaijan	C050004175		18.06.2024	Azerba	aijan	17.06.2034
Do you hold a US Vis	a '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	he country and reas	sons		-			

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

License

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

STCW Certificates & Trainings Training Date Of **Issued Country** Certificate No. **Date Issued** Courses Center **Expiry** PERSONAL SURVIVAL TECHNICS SO-1502-24 SMPA 26.04.2024 26.04.2029 Azerbaijan FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-1502-24 **SMPA** 26.04.2024 26.04.2029 SO-1502-24 **ELEMENTARY FIRST AID** Azerbaijan SMPA 26.04.2024 26.04.2029 Azerbaijan PERSONAL SAFETY & SOCIAL RESPONSIBILITY SO-1502-24 **SMPA** 26.04.2024 26.04.2029 SMPA 26.04.2029 Azerbaijan SO-1502-24 26.04.2024 SAFETY FAMILIARIZATION TRAINING **International Safety Management** Azerbaijan SP-1095-24 SMPA 17.04.2024 17.04.2029 Proficiency in Survival Craft & Rescue SL-1172-24 **SMPA** 23.04.2024 22.04.2029 Azerbaijan **Boats** Security Awareness Training For All SI-1497-24 **SMPA** 16.04.2024 Unlimited Azerbaijan Seafarers Security Training For Seafarers With SH-1174-24 SMPA 26.04.2024 Unlimited Azerbaijan **Designated Security Duties**

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Seagoing Experience

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

COMPANY	Name of vessel	Flag	Vessel's Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
EZE SHIPPING TRADING LTD	M/V STARLET	ST Vincent	General Cargo Ship	1556	Caterpell ar	1289	-	Able Seaman	10.11.2024	23.06.2025	7 Months 13 Days	End of Contract
									<u> </u>			
				IAU								
									AV.			
									9/			
									/			
						976						

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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

11	For Engineers (P	lease provide details)	
	Generators	-	
	Purifiers and Boilers	_	

Type of Cranes / No of Reefer Containers

Other Experience

Russian Language: Average 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)

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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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16	References (Please give the name and address of your current or im	nmediate 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: 02.07.2025

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