



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

1

| | | |
|------------------------------|---|---|
| Position | | identity card PIN Number 81SWJ0B |
| Position Applied for: | Rating forming part of an engine-room watch | |
| Date Available from: | - | |

2

| | | |
|--|--|---------------------|
| Personal Information | | Gender: Male |
| First Name: GARDASHKHAN | Last Name: MAMEDOV | |
| Date of Birth: 26.02.2002 | Place of Birth (City and Country): Azerbaijan, MINGACHEVIR | |
| Email: mamedovqardasxan210@gmail.com | Mobile Number: (+994) 50 434 25 32 | |
| Permanent Address: Yenikand village, Goranboy district ,Azerbaijan | Expected Salary Per Month: - | |
| Nationality: Azerbaijan | Alternative rank applying for: - | |
| Person to call in emergency: (+994) 50 604 86 40 Father | | |

3

| | | | | |
|--|------------------|---------------|-----------------|----------------|
| Family Details: (If Unmarried kindly give details of Father / Mother) | | | | |
| First Name | Last Name | Gender | Relation | Contact |
| Telman | Mamedov | Male | Father | +994506048640 |
| | | | | |

4

| | | | | |
|---------------------------------|----------------|-------------|-----------|----------------------------------|
| Maritime Education | | | | |
| Name of school | Country | From | To | Type of degree or diploma |
| Azerbaijan State Marine Academy | Azerbaijan | 2019 | 2023 | Bachelor |
| | | | | |

5

| | |
|--|---------|
| Physical Data | |
| Height | 183 |
| Weight | 62 |
| Boilersuit Size | M |
| Shoes Size | 43-44 |
| Blood group | O(I)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 017995 | | 15.07.2021 | Azerbaijan | | 15.07.2026 |
| Certificate of Competency | Azerbaijan | RP13096 | | 13.06.2023 | Azerbaijan | | - |
| Republic of Azerbaijan | Azerbaijan | C03795943 | | 26.01.2023 | Azerbaijan | | 25.01.2033 |
| 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-1437-21 | SMPA | 01.07.2021 | 31.05.2026 |
| FIRE PREVENTION & FIRE FIGHTING | Azerbaijan | SO-1437-21 | SMPA | 01.07.2021 | 31.05.2026 |
| ELEMENTARY FIRST AID | Azerbaijan | SO-1437-21 | SMPA | 01.07.2021 | 31.05.2026 |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY | Azerbaijan | SO-1437-21 | SMPA | 01.07.2021 | 31.05.2026 |
| SAFETY FAMILIARIZATION TRAINING | Azerbaijan | SO-1437-21 | SMPA | 01.07.2021 | 31.05.2026 |
| International Safety Management | Azerbaijan | SP-1018-21 | SMPA | 30.06.2021 | 02.06.2026 |
| Proficiency in Survival Craft & Rescue Boats | Azerbaijan | SL-0974-25 | SMPA | 09.07.2025 | 09.07.2030 |
| Security Awareness Training For All Seafarers | Azerbaijan | SI-0643-21 | SMPA | 29.06.2021 | 04.06.2026 |
| Security Training For Seafarers With Designated Security Duties | Azerbaijan | SH-0727-25 | SMPA | 25.06.2025 | Unlimited |

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PAGE 3 OF 5

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: 02.09.2025

Signature

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