APPLICATION FORM

| Position Applied for Rating forming part of a navigational watch | | | | | | Date Available from: | | | |
|------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|--------------|-------------------------------------------------------------------|------|----------------------|--------|------------|-----------------|
| 1. Personal l | Data | | | | | | | | |
| Family Name İbrahimov First Name Aqil | | | | | | Middl | le Nai | me: Akif | |
| Date of Birth | n: 15.03.1996 | Place of Birth (City and Country): SHAMKİR, AZERBAIJAN | | | | Citize | nship: | AZERBAIJA | NI |
| Permanent A | YLI P. | | | Phone (Home): Phone (Business/ Mobile)+994508737934 E-mail: | | | | | |
| 2. Maritime | Education | | | | | | | | |
| | of school | Town | Cour | ntry | From | | То | Type of de | gree or diploma |
| | niz və Liman ıtliyi" | | azerbai | • | | | | 31 | |
| | | | | | | | | | |
| 3. Profession | nal Test | | | | | | | | |
| English Test Da | | | Name of Test | | | Score | | | |
| Professional Te | Name of Test | | | Score | | | | | |
| Professional Int | Result | | | | | | | | |
| 4 - 4 - | | | · | | | | | | |
| 4. Family De Civil Status(Single MARRIED | e tails , Married, Separated, I | Divorced, Widowe | ed): | | | | | | |
| Next of Kin (the first emergency contact) Relationship | | | | | | | | | |
| Address of Residence | | | | | | Phone: | | | |
| | Daughter | Son | | | | | | | |
| Family Name | | | | | | | | | |
| First Name | | | | | | | | | |
| Date of Birth | | | | | | | | | |
| City of living | | | | | | | | | |
| DI N I | | | | | | | | | |

| 5. Identity Documents | | | | | | | | |
|-----------------------|------------|------------|----------------------------------|------------|-------------|--|--|--|
| Document | Country | Number | Place of Issue | Issue Date | Expiry Date | | | |
| Seaman's Book | Azerbaijan | DQK 022157 | State of maritime administration | 06.12.2022 | 06.12.2027 | | | |
| Travel Passport | Azerbaijan | C01325768 | MIA | 07.06.2017 | 06.06.2027 | | | |
| Civil Passport | Azerbaijan | AA868339 | ASAN GƏNCƏ | 12.06.2021 | 12.06.2031 | | | |

| 6. Valid Visa | | | | | | |
|------------------|------|-------------|--|--|--|--|
| Country or Union | Type | Valid Until | | | | |
| | | | | | | |
| | | | | | | |

| 7. Courses Attended and Certificates Obtained | | | | | | | |
|--------------------------------------------------|-------------|------------|------------|------------|--|--|--|
| Document | Number | Da | tes | Place | | | |
| Document | Number | Issue | Expiry | Flace | | | |
| Certificate of Competency | 2543/22 | 28.11.2022 | | AZERBAIJAN | | | |
| Panama Endorsement of COC | | | | | | | |
| Liberia Endorsement of COC | | | | | | | |
| Oil Tanker Endorsement | | | | | | | |
| Chemical Tanker Endorsement | | | | | | | |
| Gas Tanker Endorsement | | | | | | | |
| Oil Tanker Familiarization Training | | | | | | | |
| Chemical Tanker Familiarization Training | | | | | | | |
| Gas Tanker Familiarization Training | | | | | | | |
| Oil Tankers Specialized Training | | | | | | | |
| Chemical Tanker Specialized Training | | | | | | | |
| Gas Tanker Specialized Training | | | | | | | |
| Basic Trainings | SO-4667-22 | 17.10.2022 | 17.10.2027 | AZERBAIJAN | | | |
| Proficiency in Survival Craft and Rescue Boats | SL-3354-22 | 20.10.2022 | 20.10.2027 | AZERBAIJAN | | | |
| Advanced Fire Fighting | | | | | | | |
| Seafarer is medical certificate | | 08.11.2024 | 08.11.2026 | TURKEY | | | |
| Medical First Aid Training and Medical Care | | 791221212 | | | | | |
| GMDSS | | | | | | | |
| GMDSS Endorsement | | | | | | | |
| Radar Observation & Plotting | | | | | | | |
| Automatic Radar Plotting Aids Simulator (ARPA) | | | | | | | |
| Bridge Team Management | | | | | | | |
| Shiphandling & Maneuvering | | | | | | | |
| Ship Security Officer Training Course | SI-2545-22 | 18.10.2022 | 18.10.2027 | AZERBAIJAN | | | |
| Maltese Endorsement of SSO | | | | | | | |
| ISM Code | SP-3102-22 | 13.10.2022 | 13.10.2027 | AZERBAIJAN | | | |
| Safety Officer | | | | | | | |
| ECDISTraining Course | | | | | | | |
| Risk Assessment Course | | | | | | | |
| C.O.W./ I.G.S | | | | | | | |
| Fire Practice on Tankers | | | | | | | |
| Vapour Recovery System | | | | | | | |
| Unmanned Machinery Space | | | | | | | |
| FRAMO Familiarization Course | | | | | | | |
| Cargo Ballast Operations on Oil/Chemical Tankers | | | | | | | |
| Hazardous Materials | | | | | | | |
| Welder | | | | | | | |
| Turner | | | | | | | |
| Risk Management And Incident Investigation | | | | | | | |
| Training of seafarers with designated security | CII 2070 22 | 14 10 2022 | 12 10 2025 | AZEDDAHANI | | | |
| duties in compliance with ISPS Code | SH-2078-22 | 14.10.2022 | 12.10.2027 | AZERBAIJAN | | | |

| 8. Physical Data | | | | | | | |
|-------------------------------------------------------------------------|---------|-------------------------------|-------------|--------|-----|--|--|
| Height | | 169 | | | | | |
| Weight | | 60 | | | | | |
| Colour of Hair | | BLACK | | | | | |
| Colour of Eyes | | BROWN | | | | | |
| Boilersuit Size | | XL | | | | | |
| Shoes Size | | 42 | | | | | |
| 9. Medical History Yes No | | | | | | | |
| Have you ever signed off a ship due to medical reasons? | | | | | | | |
| Did you undergo any medical operation in the past? | | | | | | | |
| Have you consulted a doctor during the | e last | 12 months for an illness/acci | dent? | | + | | |
| Do you have any health or disability pr | oble | ms now? | | | + | | |
| If yes, please give full details: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | 1 | | | | |
| | | Passed: | Valid | till: | | | |
| International Medical Examination | | | | | | | |
| Vaccination Against Yellow Fiver | | | | | | | |
| Vaccination Against Diphtheria | | | | | | | |
| | | | | | | | |
| 10. References (please give name and address of | vour ci | urrent or past employer | Office rema | arks | | | |
| Name of Company | your co | ment of past employery | Jinee reine | 41 183 | | | |
| Name of person to contact | | | | | | | |
| Address | | | | | | | |
| Phone | | | | | | | |
| Name of Company | | | | | | | |
| Name of person to contact | | | | | | | |
| Address | | | | | | | |
| Phone | | | | | | | |
| THORE | | | | | | | |
| 11. Bank address for allotments | | | | | | | |
| Beneficiary | | | | | | | |
| Account No. | | | | | | | |
| Name of Bank | | | | | | | |
| Bank Address | | | | | | | |
| 12. Knowledge and experience | | | Yes | | No | | |
| OCIMF vetting experience: | | | 103 | | 110 | | |
| ISGOT knowledge: | | | | | | | |
| 13. I hereby declare that the above, including Medical History, is true | | | | | | | |
| Place Date | | | Signature | | | | |
| | | | | | | | |
| 14 For Office use only | | | | | | | |
| 14. For Office use only | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

15. Seagoing Experience

| Name of vessel | Flag | Vessel's Type | DWT | Eng Type | НР | Manager or Owner | Rank | From d/m/y | To d/m/y | Total m/d |
|----------------|-------------------|------------------|-----|----------|----|---------------------------------------------|-------|------------|-------------|--------------|
| RİVER RAİN | PANAMA | | | | | CUNDA DENİZÇİLİK | OİLER | 24.10.2020 | 03.07.2021 | |
| İREM | COMOROS MORONİ | | | | | MELİS SHİPİNG | OİLER | 01.09.2021 | 09.06.2022 | |
| ATLANTIC POWER | PANAMA | | | | | OCEAN SHIPPING AND AGENCY LIMITED INC | OILER | 01.02.2023 | 07.02.2025 | |
| | | | | | | | | | | |
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Total rank sea service:

| Rank | Years |
|--------------|-------|
| OİLER | 4 |
| | |
| | |
| | |
| | |
| | |
| Total: OİLER | 4 |

Total type of vessel sea service:

| | 1 |
|----------------------|-------|
| Type of vessel | Years |
| OIL TANKER | |
| LPG | |
| DRY CARGO | 4 |
| TANKER ICE | |
| OIL /CHEMICAL TANKER | |
| FERRY | |
| Total: | 4 |