|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| POSITION APPLIED | | **Bosun** | | | | | | | | | image  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable) | |
| **1.** | **PERSONAL PARTICULARS** | | | | | | | | | |
| First Name | | | | Middle Name | | Last Name/Surname | | | | |
| **HIDZER BIN HARON** | | | |  | |  | | | | |
| Permanent Address | | | | | | | | | | |
| **KM 11, KAMPUNG PERNU Edit** | | | | | | | | | |  |
|  | | | | | | | | | |  |
|  | | | | | | | | | | | | |
| Postal Code | | | **75460** | | | | City | |  | | | |
| State | | | **Malacca** | | | | Country | |  | | | |
| House Telephone No. | | | **---** | | | | Mobile Phone No. | | **017-6205406** | | | |
| Gender | | | **Male** | | | | Marital Status | | **Married** | | | |
| Date of Birth | | | **6/10/1982** | | | | Place of Birth | | **MELAKA** | | | |
| Race | | | **Malay** | | | | Religion | | **Islam** | | | |
| Identification Card No. | | | **821006-04-5129** | | | | Nationality | | **Malaysia** | | | |
| Income Tax No. | | |  | | | | E-mail Address | | **hidzer@linuxmail.org** | | | |
| First registered passport No. | | | **A36146627** | | Date of Issues | | | **2015-09-04**  Attach one copy of recent photograph here  (non-returnable) | Date of Expiry | | | **2020-09-04** |
| Subsequent renew passport No. | | |  | | Date of Issues | | | Select date  Attach one copy of recent photograph here  (non-returnable) | Date of Expiry | | | Select date |
| Seaman Book No. | | | **-** | | Date of Issues | | | **-** | Date of Expiry | | | **-** |
| Seaman Card No. | | | **-** | | Date of Issues | | | **-** | Date of Expiry | | | **-** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.** | **NEXT OF KIN** | | | | | | | |
| **2.1** | **Family Particular** | | | | | | | |
| First Name | | Middle Name | Last Name/Surname | Relationship | Age | Gender | Working or Studying | Handicap |
| **Nuraliza binti Samad** | |  |  | **Wife** | **-** | Select gender | **Secretary** | Select |
| **Aishah binti Haron** | |  |  | **Sister** | **-** | Select gender | **Clerk** | Select |
| **Ira** | |  |  | **Sister** | **-** | Select gender | **Engineer II** | Select |
|  | |  |  | Select relationship |  | Select gender | Select | Select |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2.2 Beneficiary** (Must be a member from family particular table for emergency/to receive the benefit due to any mishap or fatality) | | | | | |
| First Name | Middle Name | | Last Name/Surname | Relationship | |
| **Nuraliza binti Samad** |  | |  | **Wife** | |
| Address | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Postal Code |  | City | | |  |
| State |  | Country | | |  |
| House Telephone No. | **---** | Mobile Phone No. | | | **017-6825646** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3.** | **DOCUMENTS** | | | | | | |
| Certificate or Qualification title: | | Type of Certificate of Competency Held: | Certificate No: | Grade: | Issuing Authority: | Date of Issue: | Date of Expiry: |
| **International Passport** | | **-** | **A36146627** | **A** | **2** | **2015-09-04** | **2020-09-04** |
| **Identification Card (Malaysian/PR)** | | **-** | **821006-04-5129** | **B** | **3** | **-** | **-** |
| **Able Seafarer Deck/Engine** | | **-** | **A002001** | **C** | **2** | **-** | **-** |
| **Malaysia Seaman Card** | | **-** | **200921000120** | **D** | **3** | **2014-09-27** | **2019-09-26** |
| **Marine Department Medical** | | **-** | **168981** | **E** | **2** | **2017-12-05** | **2019-12-04** |
| **PETRONAS/PMU Medical** | | **-** | **199951** | **-** | **3** | **2017-12-05** | **2019-12-04** |
| **BOSIET/T-BOSEIT/FOET-T-FOET** | | **-** | **290857071801190333** | **-** | **2** | **2019-01-17** | **2023-01-16** |
| **H2S** | | **-** | **H2S-A477014/13** | **-** | **3** | **2013-11-20** | **2016-11-19** |
| **Seaman Book (all pages)** | | **-** | **O00075** | **-** | **2** | **2000-05-11** | **-** |
| **Basic Training Certificates** | | **-** | **2094350** | **-** | **3** | **2016-11-07** | **2021-11-06** |
| **Offshore Safety Passport. OSP Petronas - Medical** | | **-** | **12345** | **AA** | **2** | **-** | **-** |
| **Offshore Safety Passport. OSP Petronas - Training** | | **-** | **45678** | **BB** | **3** | **-** | **-** |
| **Other 1** | | **-** | **-** | **-** | **-** | **-** | **-** |
| **Other 2** | | **-** | **-** | **-** | **-** | **-** | **-** |
| **Other 3** | | **-** | **-** | **-** | **-** | **-** | **-** |
| **COE** | | **-** | **A1234** | **F** | **2** | **1970-01-01** | **1970-01-01** |
| **COP** | | **-** | **B4567** | **G** | **3** | **1970-01-01** | **1970-01-01** |
|  | | Select type of certificate |  | Select grade |  | Select date | Select date |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4.** | **DECLARATION** | | | | | | | | | | |
| **4.1** | **MEDICAL CHECKUP REPORT** | | | | | | | | | | |
| Do you possess PMU medical check-up report? If yes, please provide the details:  Date of check-up: **2017-12-05** Date of expiry: **2019-12-04** | | | | | | | | | | | Select |
| Choose an item. |
| Do you possess Malaysia Marine Dept. medical check-up report? If yes, please provide the details:  Date of check-up: **2017-12-05** Date of expiry: **2019-12-04** | | | | | | | | | | | Select |
| Choose an item. |
| **MEDICAL HISTORY: It is of utmost importance that all illness other than minor afflictions should be stated. The Company is entitled to refuse any claim for treatment, cost or any other insured benefits if a complete statement of all previous illness has not been given. If yes, please provide following details.** | | | | | | | | | | | |
| (A) Have you ever signed off a ship due to medical reasons? | | | | | | | | | | | **Y** |
| Brief Description of illness / injury / accident: | | | | | | | Testing Answer 7 Yes | | | |
| |  | | --- | |  | | | | | | | | | | | |
| (B) Have you undergone any medical operation in the past? | | | | | | | | | | | **Y** |
| Brief description of medical operation: | | | | | | Testing Answer 8 NO | | | | |
| |  | | --- | |  | | | | | | | | | | | |
| (C) Any health or physical disability problem? | | | | | | | | | | | **Y** |
| Brief description: | | |  | | --- | | Testing Answer 9 Yes | | | | | | | | | |
| (D) Have you been seriously ill for the last 12 months? | | | | | | | | | | | **Y** |
| Brief description: | | |  | | --- | | Testing Answer 10 NO | | | | | | | | | |
| **4.2** | **GENERAL** | | | | | | | | | | |
| Willing to accept lower rank? | | | | | | | | | | | **N** |
| Adequate understanding of written and spoken English – For Officer | | | | | | | | | | | **Y** |
| Ability to understand instructions in English | | | | | | | | | | | **5** |
| Have you ever been denied a foreign visa? | | | | | | | | | | | **N** |
| If yes, please state country : | | | | |  | | --- | | Testing Answer 5 Yes Edit | | | | | | | |
| Reason (if known): | | | |  | | --- | |  | | | | | | | | |
| Have you been the subject of a court enquiry or involved in a maritime accident?  If yes, please attach details.  Testing Answer 6 Yes Edit | | | | | | | | | | | **N** |
| Have you ever work for Company or Vessel having ISM/ISO Certifications? | | | | | | | | | | | **N** |
| **5.** | **REFERENCES: Please give referees from 2 recent employers who we may contact for reference.** | | | | | | | | | | |
| No. | Name | | | | Company | | | | Designation | Contact No. | |
| i. | **Mr. Sajeesh Nair** | | | | **Executive Offshore** | | | | **Crewing Executive** | **+918879790040** | |
| ii. | **Mr. Sandeep Navin** | | | | **Executive Offshore** | | | | **Manager** | **+918879790123** | |
| **6.** | **OTHER CERTIFICATES HELD (VERIFY THE TRAINING CERTIFICATES/COURSES ATTENDED WITH REFERENCE TO PRE-JOINING CREW DOCUMENT CHECKLIST)** | | | | | | | | | | |
| I hereby declare that the above is true, | | | | | | | | Verified by Crewing Personnel in-charge, | | | |
| Signature: Date: Select Date | | | | | | | | image  Signature: Date: **-** | | | |