



**STATE BANK OF PAKISTAN**  
APPLICATION FOR ENLISTMENT AS VALUER

Date \_\_\_\_\_

Name of Applicant Concern			
Constitution (check appropriate Box <input checked="" type="checkbox"/> )	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership / Private Ltd. Co.	
	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Other	_____
Names of Proprietor / Partners / Directors	National Identity Card Number	% of Ownership	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
<input type="checkbox"/> Check box if more than 5 Partners/Directors and attach details as Appendix 'A'	(Attested copies of NIC to be attached)		
Applicant's Head Office Address			
_____			
_____			
_____			
_____			
Phones: _____	Fax: _____		
Mobile: _____	E Mail: _____		
Key Person at the Head Office: _____			
<input type="checkbox"/> Check box if Applicant has more than one Business Addresses, and attach as Appendix 'B' a list of all Addresses alongwith Contact Numbers and name of Key Contact Person at each Address			
Applicant's National Tax Number			
Year in which Applicant Concern was Established (Attach evidence as Appendix 'C')	□ □ □ □		
Year since when Applicant Concern is in Valuation Business (Attach evidence as Appendix 'D')	□ □ □ □		
<b>Membership of Relevant Professional Bodies</b> (Specify memberships in the name of the Applicant Concern only. Memberships in the names of individuals must be provided in a separate annexure to this application.)			
<u>Name of Professional Body</u>	<u>License / Membership Expiry Date</u>		
_____	_____		
_____	_____		
_____	_____		
<input type="checkbox"/> Check box if more than 3 memberships are held, and provide details at Appendix 'E'. Copies of all declared Membership Certificates / Licenses to be enclosed.			

**Team Members' Valuation Experience with other Valuers** (If Applicant Concern has not carried out Valuations, but any of its Team Members has carried out valuations of immovable properties in last 12 months, the details of the same should be provided here)

<u>Description of property</u>	<u>Employee</u>	<u>Valuation Concern</u> (Previous Employer)	<u>Joining Date</u>	<u>Leaving Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach proof of all listed persons' service / affiliation with the reported Valuation Concern

**Professionally Qualified Staff Strength** (Specify particulars of the members of the Professional Team in Table 1. as per the enclosed performa. Attach as many sheets as required.)

1. Particulars of Proprietor / Partners / Directors etc. personally carrying out or supervising Valuations also to be included.
2. Specify whether the individual is the Proprietor, Partner, Director or Employee in the column for Status.
3. If Applicant has more than one branches, specify which branch the individual is posted to, in the column for Branch
4. Copies of Memberships held by individuals must be attached with the Application.
5. C.V.s of Team Members and Proof of Employment of Employed Team Members (copies of withholding tax deducted from salary challans, copies of salary vouchers, etc.) must be attached with Application.
6. Team Member's Date of Joining Applicant Concern must be mentioned in the C.V.

**List of Authorized Signatories and their Specimen Signatures** (Applicant to attach a list of persons authorized to sign Valuations on their behalf as Appendix 'F'. Successful Applicants will update this list promptly upon any change in the Authorized Signatories)

Authorized Signature(s)	_____	_____
Name(s)	_____	_____
Designation(s)	_____	_____
Date	_____	_____
Official Seal / Rubber Stamp	_____	_____

**UNDERTAKINGS / DECLARATIONS**

(Check as declared. If 'Incorrect' is checked, attach complete details / explanation / reasons under Appendix 'N')

- | Correct                  | Incorrect                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 I am / we are signing this document in the capacity of Proprietor / Partner(s) / Director(s) of the Applicant concern, and am / are fully authorized to sign this document and bind it thereunder.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 All declarations made in this Application are correct and State Bank of Pakistan is hereby authorized to have them verified as and when and how-so-ever it feels necessary to do so.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 None of the Valuations Provided by the Applicant Concern were, are or have remained under dispute or contested by any party.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 The Applicant is not, and has never been in the past, De-listed / Blacklisted from / by any Financial Institution / Insurance Company / Government or Semi Government body. Neither has the owner / director / partner of the Applicant concern been part of a concern that has been so De-listed / Blacklisted. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 None of the owners (Proprietor / Partner(s) / Director (s)) or Valuation related staff has ever been convicted of Criminal Offences under any court of law within or outside Pakistan, and neither are any criminal cases currently proceeding against them.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Neither the Applicant nor any of it's owners (Proprietor / Partner(s) / Director(s)) is a defaulter of any Bank / Financial Institution / Income Tax Department / Excise & Sales Tax Department, and neither have any recovery proceedings been initiated against them by any such Institution / Concern.        |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Neither the Applicant nor any of it's owners (Proprietor / Partner(s) / Director(s)) or Valuation related staff is under investigation for Fraud, Professional Misconduct, Misrepresentation, Negligence in the course of performing its duties.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 I / we undertake to carry our work with utmost honesty, diligence and up to the best Professional Standards within our reach.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 I / we undertake to fully abide by the code of conduct laid down by any regulatory authority or other body in performance of our duties.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 I / we undertake to always abide by State Bank of Pakistan's regulations concerning and related to our Profession.  |

Authorized Signature(s) \_\_\_\_\_

Name(s) \_\_\_\_\_

Designation(s) \_\_\_\_\_

Official Seal / Rubber Stamp \_\_\_\_\_

**TABLE 1 - PARTICULARS OF PROFESSIONAL TEAM MEMBERS**

<u>Name</u>	<u>Status</u>	<u>NIC Number</u>	<u>Branch</u>	<u>Educational Qualifications</u>	<u>No. of Years' Relevant Experience With Applicant</u>	<u>With Others</u>	<u>Particulars of Relevant Memberships Institution/Association</u>	<u>Expiry</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____
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