

SCHEDULE 1 (to Standard No. GEN.S.10.4)**NOTIFICATION FORM FOR APPOINTMENT OF A VALUATOR****PART 1: VALUATOR DETAILS**

- 1.1 Name of Individual: _____
- 1.2 Nationality: _____
- 1.3 ID/Passport Number: _____
- 1.4 Country of Residence: _____
- 1.5 Physical Address: _____
- 1.6 Postal Address _____
- 1.7 Telephone Number: _____
- 1.8 Fax Number: _____
- 1.9 Email Address: _____

PART 2: PROFESSIONAL AFFILIATIONS OF VALUATOR

- 2.1 Name of Associations: _____
- 2.2 Membership Number: _____

PART 3: EDUCATIONAL QUALIFICATIONS OF VALUATOR

- 3.1 Highest Qualification(s): _____
- 3.2 Name of School/College/University: _____
- 3.3 Further Training and Certifications: _____

PART 4: SUPPORTING DOCUMENTS (Attachments)

The following documents must be attached to the notification form. Kindly confirm the attachment of documents by marking the appropriate box with an "X".

		Attached	Comment
OTHER INFORMATION			
(a)	A certified copy of the resolution by the board or appointing authority approving the appointment		
(b)	The relevant completed parts and other information required pursuant to Standard No. GEN.S.10.2 – Fit and Proper Requirements		
(c)	A summary of the valuator's work experience and competence in actuarial or valuation-related work		
(d)	A declaration of independence and eligibility signed by the appointed valuator		

(e)	A certified copy of ID/Passport of the valuator, and a certified copy of marriage certificate if name differs from the name on ID/Passport		
(f)	A certified copy/ies of educational qualification(s) of valuator		
(g)	An abridged Curriculum Vitae of valuator		
(h)	A certified copy of certificate of membership of association		
(i)	A certified copy of valid good standing from the Public Accountants' and Auditor's Board (PAAB) / any other professional association approved by NAMFISA		

SIGNATURE OF PRINCIPAL OFFICER OR DULY AUTHORISED PERSON

By signing the document, I confirm that the information contained in this notification can be relied upon and I have disclosed all necessary material information that may be required by NAMFISA.

Name: _____

Designation: _____

Signature: _____

Date: _____