

**APPLICATION FOR ENROLMENT IN THE PANEL OF VALUERS FOR FIXED ASSETS /
STOCK AUDITORS**

From:

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To,
The General Manager
Circle Office

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Sir/ Madam,

I / We hereby apply for empanelment as **Fixed Assets Valuer** (*Please indicate the category*) / **Stock Auditor** and furnish hereunder the requisite bio-data/information/documents.

1.	NAME OF THE VALUER / FIRM / COMPANY	:	
2.	OFFICE / CORPORATE ADDRESS	:	
3.	BRANCHES, WITH ADDRESS, IF ANY		
4.	TELEPHONE NUMBERS		
	OFFICE		
	RESIDENCE		
	FAX		
	E MAIL		
	MOBILE NUMBER		
5.	WHETHER ENTITY HAS ACCOUNT MAINTAINED WITH OUR BANK? IF YES, PLEASE FURNISH THE ACCOUNT NUMBER		
6.	IF THE FIRM IS A PARTNERSHIP, NAMES OF PARTNERS WITH A BRIEF PROFILE WITH THEIR QUALIFICATIONS	:	<p><i>Following information needs to be incorporated for Proprietor/ Individual / Each Partner or Director of the firm / company.</i></p> <p><i>a) Educational Qualification</i></p> <p><i>b) Professional Qualification</i></p> <p><i>c) Date of Birth / PAN / Aadhar/ Mobile Number of each individual</i></p> <p><i>d) Work Experience</i></p> <p>(if required attach the details in separate sheet)</p>
7.	REGISTRATION NO. FROM INSTITUTE OF VALUERS / ICAI/ ICSI AS APPLICABLE (ATTESTED COPY OF VALID REGISTRATION CERTIFICATE TO BE	:	<p><i>Following information needs to be incorporated for Proprietor/ Individual / Each Partner or Director of the firm / company.</i></p>

	ENCLOSED) ALONG WITH THE DATE OF ESTABLISHMENT		<p>a) Name of the Institute / Professional Body</p> <p>b) Membership Number (if applicable)</p> <p>c) Date of Membership / enrollment</p> <p>d) Asset Class/ Category of Valuer</p> <p>e) Valuation Specific Qualification /course</p> <p>f) Recognized Registered Valuer Organization (name & registration Number)</p> <p>(if required attach the details in separate sheet)</p>																																			
8.	REGISTRATION NUMBER a) UNDER COMPANIES (REGISTERED VALUERS AND VALUATION) RULES, 2017 b) WITH CCIT FOR VALUATION U/S 34AB OF WEALTH TAX ACT 1957 (SELF ATTESTED COPY TO BE ENCLOSED)	:																																				
9.	GST REGN. NO., IF APPLICABLE (ATTESTED COPY TO BE ENCLOSED)	:																																				
10.	WORK EXPERIENCE																																					
a)	WHETHER ALL MEMBERS/ PARTNERS/ DIRECTORS ARE PROFESSIONALLY QUALIFIED?																																					
b)	NUMBER OF YEARS IN PRACTICE OR OF WORK EXPERIENCE IN THE RELEVANT PROFESSION OR IN VALUATION (IN YEARS AND MONTHS)																																					
c)	NUMBER OF YEARS IN EMPLOYMENT (IN YEARS AND MONTHS)																																					
	<table border="1"> <thead> <tr> <th>S.No.</th> <th>From Date</th> <th>To Date</th> <th>Employment / Practice</th> <th>If employed, Name of Employer and designation</th> <th>If in practice , experience in the relevant profession / valuation</th> <th>Area of Work</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	S.No.	From Date	To Date	Employment / Practice	If employed, Name of Employer and designation	If in practice , experience in the relevant profession / valuation	Area of Work																														
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d)	IN CASE INCLUDED IN THE PANEL OF OTHER BANKS/ INSTITUTIONS, GIVE DETAILS																																					
e)	DETAILS ON MAJOR ASSIGNMENTS HANDLED SO FAR	:																																				

			<i>(FURNISH NATURE OF ASSIGNMENT, NATURE OF ASSETS AND SIZE OF AMOUNT)</i>		
			SL NO	NATURE OF ASSET/ ASSIGNMENT	VALUE OF ASSETS
				CURRENT ASSETS	
				FIXED ASSETS	
	ANY OTHER ASSIGNMENT				
11.	WHETHER ANY ALLIED FIRMS ARE ALREADY IN THE PANEL OF OUR BANK. IF SO, FURNISH DETAILS	:			
12.	WHETHER THE APPLICANT WAS DELISTED FROM ANY BANK'S PANEL ON ANY EARLIER OCCASION. IF SO, FURNISH REASONS	:			
13.	HAVE YOU OR ANY OF THE PARTNERS / DIRECTORS EVER BEEN CONVICTED FOR AN OFFENCE		Yes / No If Yes , please give Details		
14.	ARE ANY CRIMINAL PROCEEDINGS PENDING AGAINST YOU OR YOUR PARTNERS /DIRECTORS?		Yes / No If Yes , please give Details		
15.	ARE YOU OR ANY OF YOUR PARTNERS/ DIRECTORS UNDERCHARGED BANKRUPT, OR HAVE APPLIED TO BE ADJUDGED AS A BANKRUPT?		Yes / No If Yes , please give Details		
16.	ANY OTHER INFORMATION	:			

16. AFFIRMATIONS

I / We hereby apply for enrolling in the panel of **valuers / Stock Auditor** of your bank as an approved valuer/ stock auditor. The particulars given above are correct to the best of my / our knowledge.

I / We shall submit the reports as per standard formats prescribed by the professional institutes / bank with correct and full information and without negligence.

If My / Our application for empanelment in your bank is considered favourably, I / we shall abide by all the terms & conditions stated here below as well as other terms & conditions prescribed by the bank from time to time:

- (A) Empanelment as such does not guarantee award of valuation assignments by the bank.
- (B) Entrustment of valuation assignments is subject to periodical review by the bank.
- (C) The bank reserves the right to delete / cancel the empanelment / stop awarding future assignments without prior notice or assigning any reasons whatsoever.
- (D) The remuneration payable shall be as per the policy of the bank.
- (E) The valuation shall be conducted on the basis of accepted principles as also the criteria specified by the bank from time to time.

- (F) Valuation report shall reveal true & fair assessment keeping in view the market conditions and the report shall be submitted in the bank's approved format.
- (G) I / we shall maintain secrecy of the business allotted by the bank
- (H) I / we shall not enter into any financial transaction with the bank's borrowers to the detriment of bank's interest.
- (I) Under no circumstances, I / we shall use the name or logo of the bank in our correspondence with other banks.
- (J) **If any wrong certification is detected, I / we hereby consent that the bank may take appropriate steps as deemed fit.**
- (K) I / We understand that valuation /opinion/certification/ audit report given by us would be an input for the decision making of the Bank. Therefore, I/ We would like to state that in the event of my/our valuation /opinion/certification/ audit report turns out to be untrue and factually incorrect causing loss to the bank, Bank may seek such clarifications as may be required to investigate the matter and fix the responsibility. In the event it is established that there was gross negligence on my /our part or I/ we had colluded with the customer of the Bank in causing pecuniary damage/loss to the bank, the Bank may recommend my/ our name for including in the caution list being maintained by the Indian Banks' Association (IBA) for circulation amongst member banks or any authority as deemed fit.
- (L) I am / we are not disqualified from being registered as a valuer under the Companies (Registered Valuers and Valuation) Rules, 2017.
- (M) This application and the information furnished by me along with this application is true and complete. If found false or misleading at any stage, the registration of the applicant shall be summarily cancelled.
- (N) I hereby undertake that the partnership entity/company and its partners/directors shall comply with the requirements of the Companies Act, 2013, the rules made there under, the directions given by the authority, and the bye-laws, directions and guidelines issued or the resolutions passed in accordance with the bye-laws by the registered valuers organisation with which I am enrolled.

**SIGNATURE OF THE APPLICANT
(Proprietor / Individual)
or
Name and Signature of applicant's
Representative (firm/ Company)**

**DATE:
PLACE:**