

Standard Operating Procedure on Valuation and Empanelment of Valuers

Annexure-D Application for Empanelment as a Valuer by an individual

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Subject: Application for empanelment as a valuer

IBBI Registration No. (if applicable):

Registered under Sec 34AB of Wealth Tax Act 1957, if yes, Wealth Tax Registration No:

Sir/ Madam,

I, being an individual/ proprietor, hereby apply for empanelment as a valuer for the following class(es) of assets:

- (a) _____
(b) _____
(c) _____
(d) _____

My details are as under:

B. PERSONAL DETAILS:

1. Title (Mr/Mrs/Ms):
2. Name:
3. Father's Name:
4. Mother's Name:
5. Date of Birth:
6. Registration with CBDT under Wealth Tax Act, 1957 – YES / No.

If yes, (Registration No. & Date, of Individual/ all the Partners (in case of Partnership Firm))

7. PAN No.:
8. AADHAAR No.:
9. Passport No.:

Standard Operating Procedure on Valuation and Empanelment of Valuers

10. GST No.

11. Address for Correspondence:

12. Permanent Address:

13. E-Mail Address:

14. Mobile No.

15. Others

C. EDUCATIONAL, PROFESSIONAL AND VALUATION EXAMINATION QUALIFICATIONS:

1. Educational Qualifications

[Please provide educational qualifications from Bachelor's degree onwards]

Educational Qualification	Year of Passing	Marks (percent.)	Grade/ Class	University/ College	Remarks, if any

2. Professional Qualifications [excluding valuation specific courses]

Professional Qualification	Institute/ Professional Body/ registered valuers organisation	Membership No.	Date of enrolment	Remarks, if any

3 (a) Details of valuation examination passed

Date of examination	Asset class, if any	Marks secured	Percentage

3 (b) Valuation Qualifications

Valuation specific qualification/course	Recognised Registered Valuers Organisation		Asset class	Membership No. in Registered Valuers Organisation	Remarks, if any.
	Name	Recognition No			

D. WORK EXPERIENCE

1. Are you presently in practice / employment? (Yes or No)

Standard Operating Procedure on Valuation and Empanelment of Valuers

2. Number of years in practice or of work experience in the relevant profession or in valuation (in years and months) [attach evidence in the form of reference letters/copies of valuation reports/any other evidence]:
3. If in practice, address for professional correspondence:
4. Number of years in employment (in years and months):
5. Experience Details

Sl. 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

E. REGISTERED VALUERS ORGANISATION/ MEMBERSHIP OF PROFESSIONAL BODIES

1. Please give details of the registered valuers organisation/ Professional bodies of which you are a member.
2. Please state your membership number.

F. ADDITIONAL INFORMATION:

1. Have you ever been convicted for an offence? (Yes or No). If yes, please give details.
2. Are any criminal proceedings pending against you? (Yes or No) If yes, please give details.
3. Have you ever been declared as an undischarged bankrupt, or applied to be adjudged as a bankrupt? (Yes or No)
If yes, please give details.
4. Please provide any additional information that may be relevant for your application.

G. ATTACHMENTS:

1. Copy of Certificate of Registration with IBBI
2. Copy of Certificate of Registration under Sec 34AB of Wealth Tax Act, 1957 (if applicable)
3. Copy of proof of membership with a Registered Valuers Organization.
4. Copy of membership with Professional bodies
5. Reference Letter(s) as prescribed in Annexure-L
6. KYC documents
7. Copies of documents in support of educational qualifications, professional qualifications and Registered Valuation Examination qualifications
8. Copies of documents demonstrating practice or work experience for the relevant period, if applicable.

Standard Operating Procedure on Valuation and Empanelment of Valuers

9. Copies of certificate of employment by the relevant employer(s), specifying the period of such employment, if applicable.
10. Financial statements/ Income Tax Returns for the last three year
11. Passport-size photograph(s)

H. AFFIRMATIONS:

1. Copies of documents, as listed in section G of this application form have been attached/ uploaded. The documents attached/ uploaded are
- I undertake to furnish any additional information as and when called for.
2. I am not disqualified from being registered as a valuer under the Companies (Registered Valuers and Valuation) Rules, 2017, (Please strike off if not applicable).
3. This application and the information furnished by me along with this application is true and complete. If found false, misleading or incorrect I will be fully responsible for the consequences.

Place:

Signature & Name of applicant

Date:

VERIFICATION BY THE REGISTERED VALUERS ORGANISATION

We have verified the above details submitted by
who is our member with membership no. and confirm these to be true
and correct.

We recommend registration of as a valuer.

(Name and Signature)

Authorised Representative of the Registered Valuers Organisation

Seal of the Registered Valuers Organisation

Place:

Date:

Standard Operating Procedure on Valuation and Empanelment of Valuers

Annexure-E Application for Empanelment as a Valuer by a partnership entity/ Company

To

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Subject: Application for empanelment as a valuer

IBBI Registration No. (if applicable):

Registered under Sec 34AB of Wealth Tax Act 1957, if yes, Wealth Tax Registration No:

Sir/ Madam,

I, being a partner/ director (strike off whichever is not applicable), hereby apply for empanelment as a valuer for the following class(es) of assets :-

- (a) _____
- (b) _____
- (c) _____
- (d) _____

The details are as under:

A. DETAILS OF THE PARTNERSHIP ENTITY/ COMPANY

1. Name:
2. Registration Number/ LLP Number/CIN Number:
3. PAN No.:
4. GST No.
5. Address for Correspondence or registered office:
6. Permanent Address:
7. E-Mail Address
8. Telephone No.:
9. Others:

B. PERSONAL DETAILS OF EACH PARTNER/ DIRECTOR:

Standard Operating Procedure on Valuation and Empanelment of Valuers

1. Title (Mr/Mrs/Ms):
2. Name:
3. Father's Name:
4. Mother's Name:
5. Date of Birth:
6. Registration with CBDT under Wealth Tax Act, 1957 – YES / No.
If yes, (Registration No. & Date, of Individual/ all the Partners (in case of Partnership Firm))
7. PAN No.:
8. AADHAAR No.:
9. Passport No.:
10. GST No.
11. Address for Correspondence:
12. Permanent Address:
13. E-Mail Address:
14. Mobile No.
15. Others

C. EDUCATIONAL, PROFESSIONAL AND VALUATION EXAMINATION QUALIFICATIONS OF PARTNERS/ DIRECTORS:

1. Educational Qualifications

[Please provide educational qualifications from Bachelor's degree onwards for each partner/director]

Educational Qualification	Year of Passing	Marks (percent.)	Grade/ Class	University/ College	Remarks, if any

2. Professional Qualifications for each partner/director

Professional Qualification	Institute/ Professional Body/ registered valuers organisation	Membership No. (if applicable)	Date of enrolment	Remarks, if any

Standard Operating Procedure on Valuation and Empanelment of Valuers

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3. (a) Details of valuation examination passed (for all partners/directors who are registered valuers with RVO)

Date of examination	Asset class, if any	Marks secured	Percentage

3. (b) Valuation Qualifications (for all partners/directors who are registered valuers with RVO)

Valuation specific qualification/ course	Recognised Registered Valuers Organisation		Asset class	Membership No. in Registered Valuers Organisation	Remarks, if any.
	Name	Recognition No			

D. WORK EXPERIENCE (if applicable)

6. Are you presently in practice / employment? (Yes or No)
7. Number of years in practice or of work experience in the relevant profession or in valuation (attach evidence in the form of reference letters/copies of valuation reports/any other evidence):
8. If in practice, address for professional correspondence:
9. Number of years in employment (in years and months):
10. Experience Details

Sl. 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

E. REGISTERED VALUERS ORGANISATION/ MEMBERSHIP OF PROFESSIONAL BODIES

1. Please give details of the registered valuers organisation/ Professional bodies of which you are a member. Please state your membership number.

F. ADDITIONAL INFORMATION:

Standard Operating Procedure on Valuation and Empanelment of Valuers

1. Have you or any of your partners/directors ever been convicted for an offence? (Yes or No). If yes, please give details.
2. Are any criminal proceedings pending against you /or your partners/directors? (Yes or No) If yes, please give details.
3. Are you or any of your partners/directors undischarged bankrupt, or have applied to be adjudged as a bankrupt? (Yes or No). If yes, please give details.
4. Please provide any additional information that may be relevant for your application.

G. ATTACHMENTS:

1. Copy of Certificate of Registration with IBBI
2. Copy of Certificate of Registration under Sec 34AB of Wealth Tax Act, 1957 (if applicable)
3. Copy of proof of membership with a registered valuers organization.
4. Copy of membership with Professional bodies
5. Reference Letter(s) as prescribed in Annexure-L
6. KYC documents for Partnership Firm/ Company and its partners/director
7. Copies of documents in support of educational qualifications, professional qualifications and valuation qualifications of partners/director
8. Copies of documents demonstrating practice or work experience for relevant period, if applicable
9. Copies of certificate of employment by the relevant employer(s), specifying the period of such employment, if applicable.
10. Financial statements/ Income Tax Returns for the last three year
11. Passport-size photograph(s) of Individual/ proprietor/ partners/director

H. AFFIRMATIONS:

1. Copies of documents, as listed in section G of this application form have been attached/ uploaded. The documents attached/ uploaded are
I undertake to furnish any additional information as and when called for.
2. I am not disqualified from being registered as a valuer under the Companies (Registered Valuers and Valuation) Rules, 2017, (Please strike off if not applicable).
3. This application and the information furnished by me along with this application is true and complete. If found false, misleading or incorrect I will be fully responsible for the consequences.

Place:

Signature & Name of applicant

Date:

VERIFICATION BY THE REGISTERED VALUERS ORGANISATION

We have verified the above details submitted by
who is our member with membership no. and confirm these to be true
and correct.

We recommend registration of as a valuer.

(Name and Signature)

Authorised Representative of the Registered Valuers Organisation

Seal of the Registered Valuers Organisation

Place:

Date: