P A K I S T A N B A N K S ' A S S O C I A T I O N

PERIODIC DATA UPDATE FORM FOR ENLISTED PROFESSIONAL VALUERS

Name _____ **Valuer ID** _____

Data Period - from _____ **to** _____ **Data Submission Date** _____

1	**Change in Constitution**	From _____ to _____ Date of Change _____
2	**New Branches** Appendix A for more	Address _____ _____ _____ Phones _____ Fax _____ Contact Person _____ Opening Date _____
3	**Branches Closed** Appendix B for more	Address _____ _____ _____ Closure Date _____
4	**Additions in Professional Team** Appendix C for more	Name _____ Capacity: ☐ Partner ☐ Director ☐ Employee ☐ Associate NIC No. _____ NTN No. _____ Education _____ Joining Date _____ Previous Experience (yrs) _____ Memberships of Professional Bodies 1. Name _____ Expiry _____ 2. Name _____ Expiry _____ 3. Name _____ Expiry _____ Notes - 1. CVs detailing Professional Experience to be attached. 2 - Copies of Membership Certificates to be attached.
5	**Departures From Professional Team** Appendix D for more	Name _____ NIC No. _____ Departure Date _____
6	**New Memberships & Renewals** Appendix E for more	Name of Body / Name of Member / Expiry _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Authorized Signature _____

P A K I S T A N B A N K S ' A S S O C I A T I O N

PERIODIC DATA INPUT FORM FOR ENLISTED PROFESSIONAL VALUERS

Name _____ **Valuer ID** _____

Data Period - from _____ **to** _____ **Data Submission Date** _____

7. VALUATIONS CARRIED OUT IN DATA PERIOD - SECTION A

S. No.	Valuing Branch	Date of Valuation	Customer	Valuation Size (Rs. M)

Authorized Signature _____

PAKISTAN BANKS' ASSOCIATION

PERIODIC DATA INPUT FORM FOR ENLISTED PROFESSIONAL VALUERS

Name _____ **Valuer ID** _____

Data Period - from _____ **to** _____ **Data Submission Date** _____

7. VALUATIONS CARRIED OUT IN DATA PERIOD - SECTION B

S. No.	Name of Bank & Branch to which Report submitted	Geographic Segment	Asset Class	Commodity Code

Authorized Signature _____

P A K I S T A N B A N K S ' A S S O C I A T I O N

PERIODIC DATA INPUT FORM FOR ENLISTED PROFESSIONAL VALUERS

Name _____ **Valuer ID** _____

Data Period - from _____ **to** _____ **Data Submission Date** _____

7. VALUATIONS CARRIED OUT IN DATA PERIOD - SECTION C

S. No.	Surveying Team Member(s)	Data Collecting Team Member(s)	Supervising / Signing Team Member(s)

Authorized Signature _____