**ToAzerbaijan Company of Valuators**

**Chairman of the Board of Management V.A.** **ORUJ**

AR citizen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID card \_\_\_\_\_\_\_\_ №\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

İssued by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on \_\_\_\_.\_\_\_\_.\_\_\_\_\_\_.

Place of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION.**

I ask you to admit me to the membership of Azerbaijan Company of Valuators which is public organization of national valuators and to give consent to the incuding of my name in the registery of AQC members.

I declare that I have been acquainted with the Admission Rules and Regulations of the AQC membership. When implementing the valuation activities, I undertake to comply with the requirements of legislation, valuation standards, as well as business and professional ethics, and timely and fully pay membership fees to AQC.

I would like to mention that I am not a member of other self-regulatory organization of the valuators. I have not been expelled from any organization for violating legal and regulatory requirements.

**Current residing address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current workplace**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**“\_\_\_\_”\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ .**

**SIGNATURE /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/**

**Appendix 2**

**QUESTIONNARIE**

**Of Candidate to the membership in Azerbaijan Company of Valuators**

**1.Surname, name, father’s name**..............................................................................

**2.Contact information of valuator:**

**а) Registration and residing address (post index):**

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**b)Personal contact numbers:**

**Home phone (by indicating city code)..............................................................................**

**Mobile phone.......................................................................**

**E-mail: .....................................**

**v)INT №………………………………………date of issue………………………**

**3. Details of the enterprise or individual entrepreneur to which the valuator concludes a labor contract:**

**а) Full name:** …………………………………….........................................................

**b)State registration number and date…………………………………………………**

**v)Phone ................................Fax(by indicating code)......................................................**

**c) E-mail:..................................................Web (if available).............................**

**d) Registration address of the enterprise(as indiated in the Charter)**

**……………………………………………………………………………………………**

**Location address (by index)......................................................................................**

**e) Position........................................................................................**

**4. Date of admission to work (on labor book) ............................................**

**5. General work experience ...........................................**

**6.Valuation activity experienc(number of full years)...................................**

**7. Information on absence of conviction**..................................................................

**8. Education:**

**а)Higher (name of higher educational institution, diploma series, number, and date of issue)**

**..............................................................................................................................**

**................................................................................................................................**

**b)Professional retraining and improvement of qualification in the field of valuation (name of higher educational institution, diploma series, number and date of issue)**

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**v)Specialty certificate and attestation(number and the name of organization issuing it)**

**…………………………………………………………………………………………………**

**……………………………………………………………………………………………………………**

**Date of filling questionarie“\_\_\_\_” \_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_.**

***I confirm the accuracy and reliability of the information provided by me.***

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_**