



REQUEST FOR VALUATION

FROM _____

Name of Person (s) or Institution

ADDRESS _____

PHONE# (Work) _____ (Home) _____ (Cell) _____

ADDRESS OF SUBJECT PROPERTY _____

TITLE REFERENCE: VOLUME _____ FOLIO _____

NAME OF OWNER (S) _____

TIME & DATE OF INSPECTION _____

CONTACT PERSON (S) _____

PURPOSE OF VALUATION REPORT

a) Insurance _____

b) Mortgage (name of Mortgagor) _____

c) Other _____

ATTACHMENTS _____

RATES QUOTED

Minimum charge \$ _____

In addition to the above rates, there will be an additional charge for General Consumption Tax (G.C.T.) of 16.5%

Special Conditions for Payment

1st Deposit: _____

2nd Deposit: _____

DEPOSIT IS NON-REFUNDABLE IF EXPENSES HAVE BEEN INCURRED.

Final payment on delivery of valuation.

I HEREBY AGREE TO THE ABOVE SPECIAL TERMS AND CONDITIONS.

SIGNATURE OF OWNER/AGENT _____ ATE _____

SIGNATURE OF VALUER _____ APPROVED BY _____

FOR OFFICIAL USE ONLY

DATE RECEIVED _____ AMOUNT OF DEPOSIT PAID \$ _____

ASSIGNED # _____ RECEIPT # _____