

Application for reappointment

REMEMBER TO INSERT AN X IN ONE OF THE FIELDS



Seeking reappointment

Please check and fill out the table below and then return it to the FEM Secretariat.

PLEASE NOTE! Fields in **bold** *must* be completed.

Insurance company	Policy number	Number of claims made to liability insurance company	Sum paid out on liability insurance policies	Excess on your liability insurance	Has the insurance expired? Yes/no	Expiry date for insurance, where applicable

I hereby declare that I satisfy the requirements of section 5 of Executive Order No 1309 of 16 December 2008.

I also agree that the FEM Secretariat may confirm the accuracy of the information provided regarding the number of claims made by contacting the relevant insurance companies and I authorise this to be done.

I also agree to the FEM Secretariat carrying out spot checks of my training and professional experience.

House Inspection (HE) no

Name in BLOCK CAPITALS

Signature + stamp

Date

Not seeking reappointment

I hereby confirm that I do not seek reappointment and that I will continue to satisfy the requirements of section 4 of Executive Order No 1309 of 16 December 2008 until my appointment expires.

House Inspection (HE) no

Name in BLOCK CAPITALS

Signature + stamp

Date