

**SUMMARY OF KEY PERSONNEL EXPERIENCE RELEVANT TO THE REQUIRED SERVICE**

**RETURNABLE DOCUMENT**

**Complete form for each key personnel**

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| KEY PERSONNEL DETAILS |
| Names & Surname: |  | **ID Number:** |  |
| **Qualification:** |  | **Profession:** |  |
| **Professional Body Registration:**  |  | **Registration Number (If applicable)** |  |

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| **CREDIT RISK ASSESSMENTS PERFORMED BY EMPLOYEE:** |  |  |  |  |  |
| **NAME OF COMPANY** | **DATE OF REPORT** | **PUBLIC / PRIVATE COMPANY** | **REVENUE OF COMPANY** | **ASSETS OF COMPANY** | **CONTACTABLE REFERENCE** | **EMAIL ADDRESS** |
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| **CREDIT RISK ASSESSMENTS PERFORMED BY EMPLOYEE:** |  |  |  |  |  | **CREDIT RISK ASSESSMENTS PERFORMED BY EMPLOYEE:** |
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**DECLARATION OF KEY PERSONNEL**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned certify that the information relating to my qualification and experience disclosed above is correct and true.

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**NAME & SURNAME**

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**SIGNATURE**  **DATE**