



**VALUATION INSTRUCTIONS FORM**

CLIENT'S NAME:.....

CONTACT ADDRESS:.....

TELEPHONE NUMBERS:.....

I.D. NO:.....

TITLE NO./L.R.NO:.....I.R.....

AREA (LOCALITY):.....

REPORT TO BE ADDRESSED TO:.....

.....

PURPOSE OF VALUATION:.....

NAMES OF NEAREST TRADING CENTRE:.....

DATE THE REPORT IS REQUIRED:.....

**DECLARATION**

*I/We the undersigned undertake to pay full professional fees as set out by the Valuers Act Cap.532 of the Laws of Kenya.*

***NB:*** *No work can commence unless a minimum deposit of 50% is paid. Any outstanding fees beyond 30 days from the date of completion will attract a 10% per month compound interest and recovery costs thereof.*

NAME.....

SIGNATURE.....DATE:.....

INSTRUCTIONS TAKEN BY:.....

DATE:.....