**CENTRAL ASSOCIATION OF AGRICULTURAL VALUERS**



**INDEPENDENT EVALUATION SERVICE**

**APPLICATION FORM REQUESTING**

**THE PRESIDENT OF THE CAAV**

**TO APPOINT OR NOMINATE A PERSON**

**TO PROVIDE AN INDEPENDENT EVALUATION**

***Notes***

*Completing this application form and paying the application fee will form a contract between the applicant and the President who will rely on the information provided and may collect information on the process to monitor the service for the public interest in effective dispute resolution.*

***Data Protection*** *- Please refer to the Privacy Notice which is available online (*[*www.caav.org.uk/Terms\_and\_Conditions.aspx*](http://www.caav.org.uk/Terms_and_Conditions.aspx)*) which sets out how the Central Association of Agricultural Valuers (CAAV) collects, uses and shares personal information. A hard copy is available on request.*

Harts Barn Farmhouse, Monmouth Road, Longhope, Gloucestershire GL17 0QD

**Section 1 - Application**

To: The President, The Central Association of Agricultural Valuers, Harts Barn Farmhouse, Monmouth Road, Longhope, Gloucestershire GL17 0QD

I/we *(delete as necessary)* request the President to appoint/nominate a person to provide an independent evaluation of an issue.

This application is/is not made with the consent of the other party/ies to the dispute.

I have paid\*/enclose a cheque to the Central Association of Agricultural Valuers or will pay on receipt of an invoice for the fee of £234 (including VAT).

\* The CAAV’s bank details are: Sort Code 30-93-48; Account Number 55608568

Having requested this appointment, I/we agree to submit to the appointee such materials that person shall reasonably require to fulfil this appointment.

I/we agree to pay the appointed person’s reasonable fees and expenses in this matter.

I/we agree that the person appointed in this matter may disclose details and/or documents (redacted where necessary to conceal commercial or sensitive information) of the matter to the CAAV for the sole purpose of maintaining the quality and standards of this service in the public interest on the condition that the CAAV maintains confidentiality in respect of that information.

*Please delete one of these two statements*

* No additional or supplementary information is submitted with this form
* This form is accompanied by …… supplementary pages. *(give number)*.

Name of Applicant ........................................................................................................................

Signed.............................................................. Date ...............................................................

 Capacity ..............................................................................................................................

*(such as landlord, tenant, owner, authorised agent for landlord/tenant, etc, or other description)*

If this is a Joint Application, please complete for the Second Applicant.

Name of Second Applicant ...........................................................................................................

Signed........................................................... Date ...............................................................

 Capacity ........................................................................................................................................

*(such as landlord, tenant, owner, authorised agent for landlord/tenant, etc, or other description)*

VAT No. 348 6038 39

**Section 2 - Details of the Matter**

*Please complete to best of abilities*

**A. The Parties to the Matter**

Applicant Other Parties

Name ............................................ ............................................ Address ............................................ ............................................

............................................ ............................................

……………………………. …………………………….

Capacity in the matter

*(e.g. landlord, tenant, agent,*

*owner, supplier) ………………………………… ………………………………*

Agent’s Name and Reference …………………………….. …………………………..

Agent’s Address ……………………………. ……………………………

 …………………………….. ………………………..….

E-Mail Address …………………………….. ……………………………

**Other Parties and Professionals**

To assist us in taking reasonable steps to help a potential appointee identify possible conflicts of interest, please advise us of:

* any entity that is closely associated with the party/ies (such as an associated company)
* the agents or lawyers who might be acting for either party

so that these issues can be known and considered now rather than have the risk of a point emerging later on that compromises the matter. *Please use a separate sheet for this if necessary*

**B. Where the matter concerns a holding or other property, what is its name and address?**

**C. Location of the matter; description of the property or other matter subject to the reference**

*(e.g. address and location of farm, type and area; nature of livestock involved)*

**D. Describe the issue to be reviewed** **and list any key dates** *(use additional sheets if necessary)*

**E. What is your authority to seek this appointment? (***please enclose a copy of any relevant document e.g. disputes clause in agreement, correspondence between parties, authority for agent)*

**F. Special requirements**

(a) Does the appointment have to be made by a particular date? If so, when?

(b) Does the matter have to be considered by a particular date? If so, when?

(c) Specific expertise required

(d) Other factors relevant to the appointment