

¹Issue No.:

²Date:

LIST OF ASSESSORS

No.	Name ³	Designation ⁴	Remark ⁵
1			

Prepared by⁶ :

Verified by⁷ :

Signature & Name:

Signature & Name:

¹Issue No.:

²Date:

INSTRUCTIONS FOR COMPLETING FORM

1. Issue No: Unique serial number (GAM/LA/YYYY-AA) (e.g. GAM/LA/2022-001),
YYYY – Year of issued. AA – Serial Number
2. Date: Date of Listing of Assessor issued.
3. No.: Name of Approved Assessor
4. Designation: Assessor position in GAM
5. Remark: Any additional notes to the approval.
6. Prepared by: Fill in the name and signature of personnel prepared the listing
7. Verified by: Fill in the name and signature of QAM verified the listing

Notes: The table row shall be added and removed to fit the list of number