# **Verifier Nomination Form**

**Current as at 1 July 2024**

*Instructions: Prior to Verification services commencing, the Project Proponent must complete and submit this form to the Secretariat indicating which Verifier and subject matter expert/s the Project Proponent proposes to use in relation the Project. The Project Proponent must choose a Verifier from the list of approved Verifiers on the Eco-Markets Australia website. The Secretariat may seek advice from the Technical Advisory Committee when assessing the information in this form.*

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| Verifier Nomination Form |
| **Project title** | *Name of project* |
| **Project proponent** | *Name of project proponent* |
| **Project ID** | *Project identification number issued by Secretariat on Validation and registration* |
| **Proposed Verifier** | *Name* |
| **Scope of services** | *List the approved Methodology/ies in relation to which the Verifier will provide its services.* |
| **Accreditation number** | *List the Verifier’s accreditation number* |
| **Insurance** | *Verifiers are required to maintain professional indemnity insurance and public liability insurance in the amount of $5M each.* *Please attach copies of the Verifier’s current insurance policies.* |
| **Project Monitoring Periods** | *List the project monitoring periods that the Verifier/Team Leader has undertaken for the project to date.*  |
| **Verification team members** | *List the names of the Verification team Who will be undertaking the audit, including the Team Leader and team member/s.*  |
| **Subject matter experts** | *List any subject matter experts* |
|  | *Name* |
|  | *Title* |
|  | *Role* |
|  | *Status (employee/contractor)* |
|  | *Phone* |
|  | *Email* |
|  | *Professional licences/certifications* |
| **Declaration:**By signing and submitting this declaration, the Project Proponent and Verifier acknowledges and agrees that:a. no perceived or actual conflict of interest exists in relation to the proposed verification services, except as disclosed below;Click or tap here to enter text.b. it will inform the Secretariat immediately, should their circumstances change in any way that effects this declaration; andc. the approval or non-approval of the Verification services shall be at the sole discretion of the Secretariat. |
| **Signed for and on behalf of:**

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| Name of Project Proponent: | Click or tap here to enter text. |
| Signature: |  |
| Date: | Click or tap here to enter text. |
| Name of signatory: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |
| Name of Verifier: | Click or tap here to enter text. |
| Signature: |  |
| Name of signatory: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |

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