



SIDCER-FERCAP Survey Form 05: Appointment Certification
Version 1.0, 30 April 2020

APPOINTMENT CERTIFICATION

To Whom It May Concern:

This is to certify that _____ was appointed as
_____. He/she will serve as such from
_____ to _____.

The responsibilities related to this appointment are stated in the SIDCER-FERCAP Survey TOR
Section _____.

Appointed/certified by:

(Name and Signature of Appointing/Certifying Authority)
Designation/Position: _____
Date: _____

Conforme:

(Name and Signature of Appointee)
Designation/Position: _____
Date: _____

| Reminder on who signs the Appointment Certification | |
|---|--|
| Appointee | Appointing/Certifying Authority |
| FERCAP Chairperson and FERCAP Vice-Chairperson | SIDCER Chairperson |
| FERCAP Steering Committee Members (except the FERCAP Chairperson and FERCAP Vice-Chairperson) | FERCAP Chairperson |
| FERCAP Secretariat Members | |
| FERCAP Office Staff | |
| FERCAP Local Coordinator | FERCAP Treasurer |
| FERCAP Survey Team Members | |
| Surveyor Trainees | FERCAP Coordinator or FERCAP Program Manager |
| | FERCAP Survey Coordinator |