



# APPLICATION FORM

## Introduction

Fennoscandian Association for Metals and Minerals Professionals (FAMMP) is a non-profit association for individuals working in the mining sector and having the professional qualification and work experience to be able to function as Competent Persons (Qualified Persons is used synonymously) for public reporting of exploration results, mineral resources and mineral reserves in accordance with the internationally recognized PERC (Pan European Reserves and Resources Reporting Committee) reporting standard, or another similarly CRIRSCO (Committee for Mineral Reserves International Reporting Standards) based reporting standard.

A member of FAMMP shall:

- belong to one of the following professional categories: geologist, geo scientist or mining engineer, or else possess another similar education or experience relevant to the assessments made by Competent Persons.
- have at least five years of cumulative relevant experience in professional categories mentioned above.

## Personal data treatment

By submitting the application form, you agree that FAMMP, with the administrative support by Svemin, process the personal data included in the application form and the accompanying documents.

Here you can read more about how we treat your personal data and what rights the registrant has:

<https://www.svemin.se/integritetspolicy>

## SECTION A: Personal Details

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Business address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## SECTION B: Qualifications

The applicant shall prove formal eligibility and experience in relevant assessments and applications, to become accepted as member of FAMMP.

Authenticated copies or CV on relevant education, continued education and at least five years of experience shall be included with this application.

Two Technical Reports in PDF-format supporting the relevant experience where responsibilities of the applicant are clarified shall be included.

Technical Report 1: \_\_\_\_\_

Technical Report 2: \_\_\_\_\_

Or, if technical reports not can be provided, other documentation of professional tasks performed to prove competence to become a member of FAMMP: \_\_\_\_\_

Other information relevant to the application: \_\_\_\_\_

Main sectors of experience relevant for applying as member of FAMMP: \_\_\_\_\_



**SECTION C: Two reference persons to verify the application**

One reference person must be a member of FAMMP and the second must be a member of either FAMMP or a member (or holder of QP accreditation) recognized by any of the CRIRSCO member organisations. A short statement and motivation by each reference person to why the applicant is recommended to membership of FAMMP, shall be attached to this application.

1. Member of FAMMP

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Signature: \_\_\_\_\_

2. Member of FAMMP or member or holder of QP accreditation, recognized by any of the CRIRSCO member organisations.

Name: \_\_\_\_\_ Organisation and Member Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**SECTION D: Declaration**

I, undersigned, wish to become a member of the Fennoscandian Association for Metals and Minerals Professionals (FAMMP), and thereby be able to act as a Competent Person for public reporting of exploration results, mineral resources and mineral reserves in accordance with the internationally recognized PERC reporting standards or another similarly CRIRSCO based reporting standard.

I recognize that as a Member of FAMMP, it will be my responsibility to decide whether I have the relevant experience to act as Competent Person on any given project. In making this decision I will take into account my experience with the deposit type and mineral commodity of that particular project as well as my experience in the type of work which I am being requested to do.

I declare that the qualifications and experience set out in this application are correct.

I recognise the Statutes and the Regulations and Code of Ethics for FAMMP and accept to follow them.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Name in letters: \_\_\_\_\_

The form and accompanying documents should be sent to the Admissions Committee, on the address:  
[info@svemin.se](mailto:info@svemin.se)

**FEE**

The fee for application SEK 1 000 to be payed as a bank transfer (*bankgiro*) to FAMMP, number **5276-0527**  
State your name and what the amount relates to.

Information regarding payments from abroad:

IBAN: SE65 6000 0000 0001 4055 4408

BIC: HANDSESS

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**FOR FAMMP USE ONLY**

Application received Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Application fee received Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Requested complementary documentation Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Applicant interviewed Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Approved by Admission Committee Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Entered name on member list Date: \_\_\_\_\_ Signature: \_\_\_\_\_