

III. PAYMENT METHOD:

Please fill out wire instructions with complete information provided below to avoid delay or shortage of remittance. All funds should be sent in U.S. Dollars. Please absorb wire fees and exchange rate differences.

Intermediary Bank: Wachovia Bank, N.A., New York
Intermediary Bank SWIFT Code: PNBPUS3NNYC
Beneficiary's Bank: Bank of Montreal, Int'l Banking H.Q. Montreal
Beneficiary's Bank SWIFT Code: BOFMCAM2
Beneficiary's Bank CHIPS UID: 046440
Beneficiary's Bank Address: 595 Burrard Street, Vancouver, BC V7X1L7, Canada
Beneficiary: International Association of Consultants, Valuers and Analysts
Account#: 00044636-966

Attestation: I hereby attest that the information provided above is true and accurate and is evidence of my qualifications to continue to carry and display my ICVS credential. I grant the right to verify any of the information provided upon request and with reasonable advance notice.

Signature: _____ Date: _____

Your signature will authorize to confirm your recertification and reporting requirements via e-mail and/or fax, if necessary, and authorize to use either medium for future communication. will not disclose or share this information with third parties to secure confidentiality.

THIS FORM MAY BE MAILED, SCANNED, E-MAILED, OR FAXED ALONG WITH THE FEE TO:

Administration Address: 9709 Third Avenue NE, Suite 506 Seattle, WA 98115, USA
Fax: 001- (206) 623-3200 PHONE: 001-(206) 623-3222

Questions should be directed to info1@iacvs.org

For Office Use Only

Charter Affiliation: _____ Member # _____

Recertification Received: _____ (Date) By: _____ (Initials) [] [] [] fax mail e-mail

Entered into Database: _____ (Date) By: _____ (Initials)

Verified by (HQ personnel): _____ (Date) By: _____ (Initials)