



**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 IACVA the right to verify any of the information provided upon request and with reasonable advance notice.

Signature<sup>†</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>†</sup> Your signature will authorize IACVA to confirm your recertification and reporting requirements via e-mail and/or fax, if necessary, and authorize IACVA to use either medium for future communication. IACVA 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:**

IACVA Administration Address  
9709 Third Avenue NE, Suite 200  
Seattle, WA 98115, USA

Fax: 001- (206) 623-3200  
PHONE: 001-(206) 623-3222

Questions should be directed to [info1@iacva.org](mailto:info1@iacva.org)

**For Office Use Only**

Charter Affiliation: \_\_\_\_\_ Member # \_\_\_\_\_

Recertification Received: \_\_\_\_\_ By: \_\_\_\_\_     
(Date) (Initials) fax mail e-mail

Entered into Database: \_\_\_\_\_ By: \_\_\_\_\_  
(Date) (Initials)

Verified by (HQ personnel): \_\_\_\_\_ By: \_\_\_\_\_  
(Date) (Initials)