

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[†]: _____ Date: _____

[†] 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 506
 Seattle, WA 98115, USA

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

Questions should be directed to 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)