



## Questionnaire for Consideration for Charter Membership

### **Information about the organization and its officers.**

1. Name of sponsoring organization

\_\_\_\_\_

a. Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Phone number

\_\_\_\_\_

c. Fax number

\_\_\_\_\_

d. Website address

\_\_\_\_\_

2. Who prepared this application?

a. Name

\_\_\_\_\_

b. Official position

\_\_\_\_\_

c. Phone number

\_\_\_\_\_

d. Fax number

\_\_\_\_\_

e. Email address

\_\_\_\_\_

3. Type of organization? (e.g. non profit organization, association, etc.)

\_\_\_\_\_

4. Date organization founded?

\_\_\_\_\_

5. List of officers.

Name of Officer	Professional Credentials	Officer Title	Phone Number	Email Address

*Add additional sheets if needed*

6. List of board members (not listed under officers)

Name of Board Member	Professional Credentials	Title	Phone Number	Email Address

*Add additional sheets if needed*

- 7. Attach resumes for all officers and board members
- 8. Please provide an organizational chart
- 9. Is your organization part of a government agency?
- 10. If “yes” to 9, please describe

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**Information about your Country**

- 11. Name of country \_\_\_\_\_
- 12. Estimated population \_\_\_\_\_
- 13. Currency \_\_\_\_\_
- 14. Approximate exchange with the US\$ \_\_\_\_\_
- 15. Gross Domestic Product (GDP) (US\$) \_\_\_\_\_
- 16. GDP per Capita (US\$) \_\_\_\_\_
- 17. Capital City \_\_\_\_\_
- 18. Population of the capital city \_\_\_\_\_
- 19. Financial center (which city) \_\_\_\_\_
- 20. Population of financial center \_\_\_\_\_
- 21. Is there a Stock Exchange  Yes  No
- 22. If “yes” to 21,
  - a. How many companies are listed? \_\_\_\_\_
  - b. What is the average Market Capitalization? \_\_\_\_\_
  - c. Is there a Financial Analysts body?  Yes  No
  - d. If “yes” to 22(c), please provide the following:
    - i. Name \_\_\_\_\_
    - ii. Address \_\_\_\_\_

iii. Phone number \_\_\_\_\_

iv. Website \_\_\_\_\_

23. What are the purposes of valuations/appraisals in this country?
- a. Lending  Yes  No
  - b. Financial Statements  Yes  No
  - c. Capital Gains taxes  Yes  No
  - d. Estate (Death) Taxes  Yes  No
  - e. Gift Taxes  Yes  No
24. What valuations/appraisals are currently performed?
- a. Real Estate  Yes  No
  - b. Business Assets  Yes  No
  - c. Intangible Assets  Yes  No
25. Which regulatory bodies, if any, govern valuations/appraisals for:
- a. Real Estate \_\_\_\_\_
  - b. Business Assets \_\_\_\_\_
  - c. Intangible Assets \_\_\_\_\_
26. Does your country have its own Generally Accepted Accounting Principles (GAAP)  Yes  No
27. An organization to establish them  Yes  No
28. Any users of International Financial Reporting Standards (IFRS)  Yes  No
29. A non-governmental regulator of the public accounting profession  Yes  No
30. If so please provide the following:
- a. Name \_\_\_\_\_
  - b. Address \_\_\_\_\_
  - c. Phone number \_\_\_\_\_
  - d. E-mail \_\_\_\_\_
  - e. Website \_\_\_\_\_

**Organization Purposes and Members:**

31. Describe the purpose of the organization.

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32. How many members does the organization have? \_\_\_\_\_

33. How do individuals become members

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34. What are the requirements for members to continue their membership status?

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**General Organization Statistics:**

35. How many members during each of the last three years

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

36. Gross revenues (in US\$) for each of the last three years

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

37. Revenues (in US\$) expected for the next twelve months \_\_\_\_\_

**Organizational Goals and Objectives:**

38. Describe and explain why the organization wishes to be the Charter Member for your country

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39. What is the target market for the CVA in your country?

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40. What is the target market for the CFD in your country?

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**Standards and Regulations:**

41. Do individual members have to follow established legal rules/regulations and/or professional standards  Yes  No

42. If “yes” to 16, please provide us a copy of those rules/standards

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43. Does the organization make provision for the monitoring of the rules/regulations or professional standards.  Yes  No

44. If “yes” to 18, please describe the process.

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45. Does the organization self discipline its members?  Yes  No

46. If “yes” to 20, please describe

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47. Can an individual’s membership be revoked or suspended  Yes  No

48. If “yes” to 22, please describe

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**Record Keeping:**

49. How are member records maintained (paper only, computerized records), please describe.

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**Professional Credentials:**

50. Does the organization issue any professional credential(s) at this time  Yes  No

51. If “yes” to 26, please describe

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52. Is the organization contemplating any new credential(s)?  Yes  No

53. If “yes” to 28, please describe

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- I have reviewed the information available on the IACVA website at www.iacva.org.**

*Please attach additional pages where needed and add any additional information you wish to provide.*

The information provided herein is true and complete to the best of my knowledge and belief.

By (print) \_\_\_\_\_

Signed: \_\_\_\_\_  
Name/position

Date \_\_\_\_\_