



# International Association of Certified Valuation Specialists

## *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? (eg. 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 as officers)

Name of Board Member	Professional Credentials	Title	Phone Number	Email Address

*Add additional sheets if needed*

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

**Information about your Country**

11. Name of country
12. Estimated population
13. Currency
14. Approximate exchange rate with the USD
15. Gross Domestic Product (GDP) (USD)
16. GDP per Capita (USD)
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

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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. Its own Generally Accepted Accounting Principles (GAAP)?

	Yes	No
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27. An organization to establish them?

	Yes	No
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28. Any users of International Financial Reporting Standards (IFRS)?

	Yes	No
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29. A non-governmental regulator of the public accounting profession?

	Yes	No
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30. If so please provide the following:

- a. Name
- b. Address
- c. Phone number
- d. E-mail
- e. Website

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**Organization Purposes and Members:**

31. Describe the purpose of the organization.
32. How many members does the organization have?
33. How do individuals become members?
34. What are the requirements for members to continue their membership status?

**General Organization Statistics:**

35. Total number of members during each of the last three years
- a.
  - b.
  - c.
36. Gross revenues (in USD) for each of the last three years
- a.
  - b.
  - c.
37. Revenues (in USD) expected for the next twelve months

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**Organizational Goals and Objectives:**

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

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

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   |     |    |
|   |     |    |
|   |     |    |
| 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:  |     |    |
|   |     |    |
|   |     |    |
| 45. Does the organization self discipline its members?  | Yes | No |
| 46. If “yes” to 20, please describe:  |     |    |
|   |     |    |
|   |     |    |
| 47. Can an individual’s membership be revoked or suspended?   | Yes | No |

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48. If “yes” to 22, please describe:

**Record Keeping:**

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

**Professional Credentials:**

50. Does the organization issue any professional credential(s) at this time?	Yes	No
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51. If “yes” to 26, please describe:

52. Is the organization contemplating any new credential(s)?	Yes	No
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53. If “yes” to 28, please describe:

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**I have reviewed the information available on the IACVS website at [www.iacvs.org](http://www.iacvs.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:

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**FOR OFFICE USE ONLY**

Charter Affiliation:

Member #:

Application Received:

By: (initials)

Application Received via:      fax              mail

e-mail

Entered into Database:

By: (initials)

Certificate Issued:

By: (initials)