

The Israel Association of Valuators and Financial Actuaries (IAVFA) is a professional organization, an institution for professional training and a body which specializes in placing professional employees in the financial sector in Israel. IAVFA strives to voluntarily regulate the professions of valuation and financial actuarial science in Israel, both by setting pre-qualification requirements, ethical principles for practitioners in these professions, and by training and certifying quality professionals for these professions. IAVFA provides both placement services in order to integrate its credentialed members in leading positions within the Israeli labor market, and mediation services between valuation consumers and valuation specialists.

Module Registration Application

Please complete the information below (Print or Type): Your name and address exactly as you wish it to appear on your Certificate of Achievement or Certificate of Participation. To better serve you, IAVFA requests a curriculum vitae and a business photo (head shot) be submitted along with your application. This application is also available online at www.IAVFA.com

Date: _____

SECTION A

Member Information:

Full Name: _____

Designations held: _____

Firm Name: _____

Position in Firm: _____

Firm's Website: _____

Address: _____

Country/State: _____

City: _____

ZIP: _____

E-mail: _____

Tel: _____

Cell: _____

Fax: _____

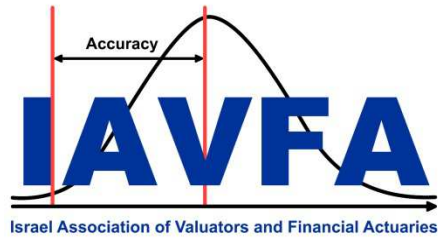
Signature of Applicant*: _____

**Your signature will authorize the Israel Association of Valuators and Financial Actuaries (IAVFA) to confirm the above information via e-mail and/or fax, if necessary, and authorize IAVFA to use either medium for future communication. IAVFA will not disclose or share this information with third parties to secure confidentiality.*

 WWW.IAVFA.COM

 PO Box 57334, Tel-Aviv, 6157301 Israel

 +972-77-5070590  +972-153-77-5070591  IAVFA1020@GMAIL.COM



SECTION B

I am a Member in good standing with IAVFA:

- Yes
- No
- Applying for Membership

SECTION C

Shipping Address: *(If different from address above)*

Firm Name: _____
Address: _____
Country/State: _____
City: _____
ZIP: _____

SECTION D

Home Address: *(This address will not appear in any IAVFA publication. It will be used by IAVFA if you change your place of employment and we are unable to obtain a forwarding address and phone number)*

Address: _____
Country/State: _____
City: _____
ZIP: _____
E-mail: _____
Tel: _____
Cell: _____
Fax: _____

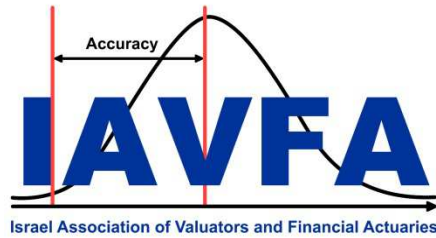
SECTION E

- I have included a recent Curriculum Vitae or Resume with this application.

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SECTION F

Education:

High School Diploma: Yes No

University/College: _____

Degree: _____

Years Attended: _____

University/College: _____

Degree: _____

Years Attended: _____

University/College: _____

Degree: _____

Years Attended: _____

SECTION G

Professional Licenses and Designations:

Association: _____

Designation /License: _____

Designation/License #: _____

Year Certified/Licensed: _____

Association: _____

Designation /License: _____

Designation/License #: _____

Year Certified/Licensed: _____

Association: _____

Designation /License: _____

Designation/License #: _____

Year Certified/Licensed: _____

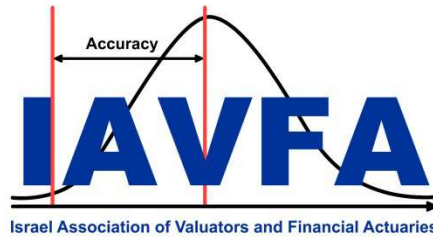
SECTION H

I am interesting in registering for the module: _____

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SECTION I

Policy Statement and Commitment:

- I declare that all information I have given is correct and binding and that I hereby undertake to the following sections:
- I commit to transfer the full payment for the module, as outlined above.
- IAVFA's management is entitled to terminate the studies, for a failure to pay all or part of the tuition fee on time.
- I must give a written notice of cancellation of registration or cancellation of studies, and make sure the written notice was received. The date of receipt of the written notice is the valid date of cancellation of registration or cancellation of studies.
- I am aware that the opening of the module is conditional on a minimum number of participants
- I also know the cancelation conditions as listed in the table below:

| Time for cancellation | Level of tuition charged |
|---|---------------------------------|
| Until three weeks before the module starts | 500 NIS (VAT included) |
| Two to three weeks before the module starts | 25% of the tuition fee |
| One to two weeks before the module starts | 50% of the tuition fee |
| Until a week before the module starts | 75% of the tuition fee |
| Since the beginning of the module | Full tuition fee |

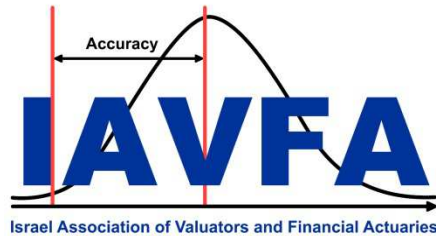
- I cannot transfer the right to study to another person, without the written and explicit consent of IAVFA's management
- IAVFA's management has the right to stop the study in case of unbecoming conduct, or an interruption to the studies

Signature: _____ **Date:** _____

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SECTION J

REGISTRATION AND TUITION FEES:

Registration fees are nonrefundable. However, if your application is not approved, your Tuition fees are fully refundable. Registration and Tuition fees are subject to change without notice. Please verify current rates with IAVFA Headquarters at (972) 77-50-70-590 before submitting your application.

Registration Fee **500 NIS (VAT included)**
Tuition Fee **4,500 NIS (VAT included)**

TOTAL (Be sure to include application fee and membership dues.) \$

SECTION K

METHODS OF PAYMENT:

PAYMENT BY CREDIT CARD Yes No

Card Information: Visa Amex MasterCard Discover

Type: Credit Debit

Card Number: _____

CVV#: (3-4 digit security code) _____

EXP Date: _____

Billing Address: _____

Country/State: _____

City: _____

ZIP: _____

PAYMENT BY BANK TRANSFER Yes No

Bank Name: Bank Hapoalim B.M.

IBAN: IL-17-0126-1300-0000-0604-001

Bank Number: 12

Branch Number: 613

Bank Account Number: 604001

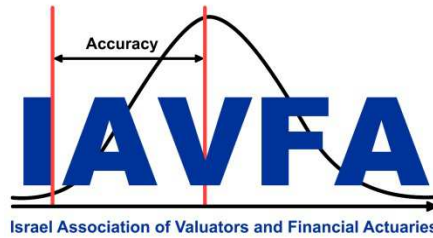
SWIFT Code: POALILIT

Account Name: B.F. ISRAELI ASSOCIATION OF CERTIFIED VALUATORS AND ANALYSTS LTD

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By signing, you authorize IAVFA to charge your account for the amount indicated. IAVFA can also initiate credit entries to your account in the event a credit or correction is due. Your signature authorizes us to confirm the above information via e-mail or fax and to use either for future communications. IAVFA will not disclose or share this information with third parties.

Authorized Signature: _____ **Date:** _____

RETURN APPLICATION VIA E-MAIL, FAX, OR MAIL TO:

IAVFA—Israel Association of Valuators and Financial Actuaries

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