

The Operational Risk Actuary (ORA) designation is awarded by the Israel Association of Valuators and Financial Actuaries (IAVFA), and is the Israeli recognized benchmark professional designation for those who measure operational risk. The ORA designation ensures that Certified ORAs have mastered the critical knowledge, skills and abilities necessary to perform operational risk, liquidity risk, and model risk as well as integrated risks mapping, modeling, measurement and management.

## **Operational Risk Actuary (ORA)** **Designation Application**

Please complete the information below (Print or Type): Your name and address exactly as you wish it to appear in IAVFA's Credentialed Member Directory and on your ORA Certificate. To better serve you, IAVFA requests a curriculum vitae and a business photo (head shot) be submitted along with your application. Please read the certification criteria provided on IAVFA's website at [www.IAVFA.com](http://www.IAVFA.com)

IAVFA Member#: \_\_\_\_\_

### **SECTION A**

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\*: \_\_\_\_\_

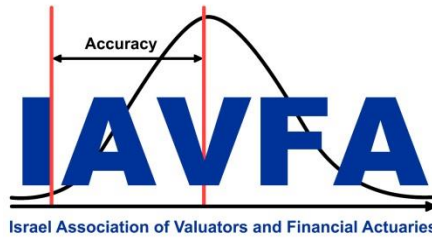
*\*Your signature will authorize the Israel Association of Valuators and Financial Actuaries (IAVFA) to confirm the above information via e-mail and/or fax, if necessary, and authorize IAVFA to use either medium for future communication. IAVFA will not disclose or share this information with third parties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

 [WWW.IAVFA.COM](http://WWW.IAVFA.COM)



5 Nathan Branitzky St. Rishon LeZion 7524205, Israel

 +972-77-5070590  +972-153-77-5070590  [IAVFA1020@GMAIL.COM](mailto:IAVFA1020@GMAIL.COM)



## SECTION B

Business References Applications for membership in IAVFA cannot be processed without written letters from three business references.

Please provide your references with these guidelines before they write their letters. References should be informed that they may be contacted for additional information.

You may also download a Reference Letter Form for your references to complete from the IAVFA Web site. Each letter must address all of the following items:

- If you are a person of good character
- The number of years the reference has known you
- Whether or not the reference has worked with you in a business capacity
- If you are financially responsible, to the best of the reference's knowledge
- If you are presently engaged in the field of appraising
- A telephone number where the reference can be reached

### **Business/Personal References:**

Contact: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Position in Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Country/State: \_\_\_\_\_

City: \_\_\_\_\_

ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

Tel: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Position in Firm: \_\_\_\_\_

Address: \_\_\_\_\_

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E-mail: \_\_\_\_\_

Tel: \_\_\_\_\_

Cell: \_\_\_\_\_




Fax: \_\_\_\_\_

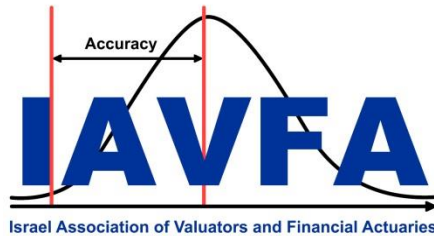
Contact: \_\_\_\_\_

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Firm Name: \_\_\_\_\_  
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Address: \_\_\_\_\_  
Country/State: \_\_\_\_\_  
City: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_

### SECTION C

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

### SECTION D

**IF YOU HOLD ONE OR MORE OF THE FOLLOWING DESIGNATIONS** please complete this section and attach a copy of your certification(s).

- Financial Risk Manager (FRM®) - Certified by the Global Association of Risk Professionals (GARP)  Yes  No
- Professional Risk Manager (PRM®) - Certified by the Professional Risk Managers' International Association (PRMIA)  Yes  No

I am a Member in good standing with IAVFA:  Yes  No  Applying for Membership

Association: \_\_\_\_\_

Designation /License: \_\_\_\_\_

Designation/License #: \_\_\_\_\_

Year Certified/Licensed: \_\_\_\_\_

Association: \_\_\_\_\_

Designation /License: \_\_\_\_\_

Designation/License #: \_\_\_\_\_

Year Certified/Licensed: \_\_\_\_\_

Association: \_\_\_\_\_

Designation /License: \_\_\_\_\_




Designation/License #: \_\_\_\_\_

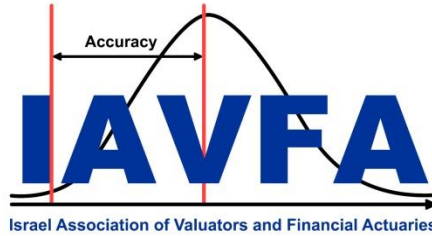
Year Certified/Licensed: \_\_\_\_\_

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**SECTION E**

**IF YOU HOLD ONE OR MORE FINANCIAL\* DEGREES**, please complete this section and attach a copy of your degree(s).

I am a Member in good standing with IAVFA:  Yes  No  Applying for Membership

University/College: \_\_\_\_\_

Degree: \_\_\_\_\_

Years Attended: \_\_\_\_\_

University/College: \_\_\_\_\_

Degree: \_\_\_\_\_

Years Attended: \_\_\_\_\_

University/College: \_\_\_\_\_

Degree: \_\_\_\_\_

Years Attended: \_\_\_\_\_

\*A business degree (i.e., management, economics, finance, marketing, accounting, or other business field) and/or an MBA (masters of business administration) or higher business degree from an accredited college or university.

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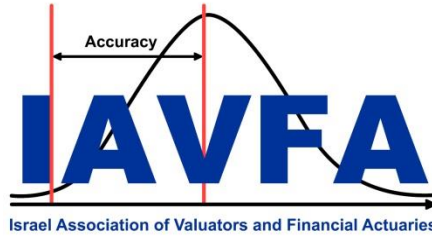


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**SECTION G**

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (You must check one of the boxes below. If “yes,” please attach an explanation.)  Yes  No

**SECTION H**

**APPLICATION FEE AND CERTIFICATION DUES:**

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

**Application Fees** ..... **\$160**  
**Certification Dues** ..... **\$840**

**TOTAL** (Be sure to include application fees and certification dues.) \$

**SECTION I**

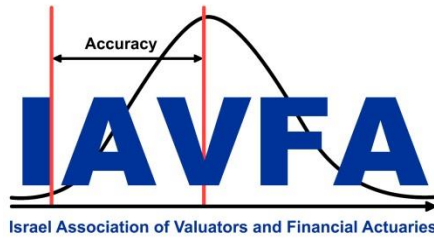
**METHODS OF PAYMENT:**

**PAYMENT BY BANK TRANSFER**

Bank Name: Bank Hapoalim B.M.  
 IBAN: IL32-0125-7200-0000-0489-498  
 Bank Number: 12  
 Branch Number: 572  
 Branch Address: 65 Jabotinski St., Rishon LeZion 7521819 Israel  
 Bank Account Number: 489498  
 SWIFT Code: POALILIT

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:** \_\_\_\_\_



### **Designation Application Checklist**

Before submitting your application, please verify that you have included all of the following:

- Completed application, including felony question
- Completed three reference letter forms from business references which you wrote down on the application
- Curriculum vitae and a business photo
- Copies of all the academic degrees which you wrote down on the application
- Copies of all the professional licenses and designations which you wrote down on the application
- Payment, to include \$160 application fees and \$840 certification dues.

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

IAVFA—Israel Association of Valuators and Financial Actuaries




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