



ICVS Re-take Exam Form

(Candidates must be ACTIVE MEMBERS with IACVA in order to take the ICVS exam or the Re-take Exam)

PERSONAL INFORMATION:

Name (last/family/surname): _____ (first/given): _____

Name of firm, Organization, or Agency: _____

Position/Title in Firm: _____ Professional Designations: _____

Areas of Expertise: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____

Telephone: _____ E-mail: _____

RE-TAKE EXAM FEE : \$295 (Total of Two Hundred and Ninety Five Dollars Only)

PAYMENT OPTIONS

- Credit Card (Master/ Visa/ Amex)** Your signature will authorize IFA to confirm the above information via e-mail and/or fax, if necessary and authorize IFA to use either medium for future communication. IFA will not disclose or share this information with third parties to secure confidentiality.

Credit Card #	
Expiry Date	
Pin Code ,CVC(Visa/Master)	
Alfa Code (AMEX)	
Billing Address (AMEX Cards)	
Signature	

- Wire Transfer – if located outside Lebanon** (Please note that the payment should be net of all bank charges- Kindly send me a copy of the swift.)

BENEFICIARY NAME:	M/S INSTITUTE FOR FINANCIAL ANALYSTS OFFSHORE
IBAN:	LB41 0058 0018 USD4 6120 1486 8200
BENEFICIARY BANK:	FENICIA BANK SAL
SWIFT/BIC:	BKAWLBBE
BRANCH:	FOCH

Return To

IACVA-Middle East

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