Application Form for Certificate of Practice (COP)

To,
The Hon. Gen. Secretary
The Indian Institution of Valuers
Office No. 42, 3rd Floor, B Wing, Manisha Blitz, Shankar Math,
Hadapsar, Pune – 411013 (MS) India

Dear Sir, You are requested to consider my application for issuing Certificate of Practice from The Indian Institution of Valuers .

I am giving below the following actual information. I am Registered by The Indian Institution of Valuers as an "Associate / Fellow / Corporate Member and I have not applied for Certificate of Practice earlier. I am ready to attend the **mandatory** training program anywhere in India as per the availability of batches.

Therefore, a requisite amount is being paid by demand draft (DD)/Cash/Online.

Details are given below.

I hereby confirm that I am entitled for Certificate of Practice as I have compounded my annual subscription as per rule of The Indian Institution of Valuers
Full Name:
Membership Number :
Asset Class:
Address (Correspondence):
Pin No.:
Phone/ Mobile No.:Whatsapp No.:
E-mail:
G.S.T. No.:
Full signature with Date
Enclosures: I am enclosing following documents for your kind consideration.
 ✓ Membership Certificate ✓ Passport size Photographs 2 Nos. ✓ Demand draft of Rs. 3540.00 including 18% GST (Excluding Over Heads) (Demand Draft No
For Account Transfer / NEFT / RTGS : Banking Details: □ Name: The Indian Institution of Valuers □ Bank Name :IDBI Bank □ IFSC Code :IBKL0000651

Administration Office: Office No.42, 3rd Floor, B Wing, Manisha Blitz, Shankar Math, Pune - Solapur Road, Hadapsar, Pune - 411013 (M.S) India.

Phone No.: +91 9960 895 786 Email: membership@iivindia.org Website: www.iivindia.org

For Office Use Only: Received the Application on

Authorized Signatory: Name.......Designation.......

■ Branch: Wanawadi, Pune ■ Account Type: Current ■ Account No.: 0651102000006330

Certificate Given on At: