

# Certified Asset Management Assessor Application Form



## for Holders of the IAM Certificate

<b>Title</b>	<b>First Name</b>	<b>Family Name</b>	
<b>Address</b>			
<b>Suburb</b>	<b>State</b>	<b>Country</b>	<b>Post Code</b>
<b>Phone</b>	<b>Fax</b>	<b>Email</b>	
<b>Company / Organisation</b>		<b>Position</b>	
<b>Fee Payable</b>			
<input type="checkbox"/> Certification with Exam equivalent      2016/17 prices		USD 260.00	
* I am a member of <input type="checkbox"/> AM Council, <input type="checkbox"/> ABRAMAN, <input type="checkbox"/> IFRAMI, <input type="checkbox"/> PEMAC, <input type="checkbox"/> SMRP			
<input type="checkbox"/> Certification with Exam equivalent      2016/17 prices for members of WPiAM partners*		USD 130.00	
<b>Payment Method by Bank Transfer</b>			
<input type="checkbox"/> I am paying by direct bank transfer to World Partners			
Amount _____ plus USD 10 transfer fee			
<b>Account Name: World Partners in Asset Management LLC</b> <b>Account Number: 50 5032 0374</b> <b>Account Address: 20 N Wacker Dr. Ste 4200, Chicago, IL 60606-3191</b> <b>Bank Name: FirstMerit Bank</b> <b>Bank ABA Number: 041200555</b> <b>Bank Address: 295 FirstMerit Circle. Akron, OH 44307-2359</b>			
<b>Payment Method by Credit Card</b>			
Please debit my: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Amex			
Amount _____ (please note that the AUD equivalent will be debited from your credit card)			
Card Number _____		Name on Card _____	
Expiry Date _____		CCV: _____ Signature _____	
I confirm that I have completed my on-line profile and provided a copy of my IAM Certificate.			
I agree to conform to the World Partners in Asset Management Code of Ethics during the term of my Certification. By agreeing to this Code of Ethics, I understand that it is my responsibility to remain abreast of any changes to the Code of Ethics, that my actions may be reviewed by a committee of my peers, and that failure to abide by these ethical obligations is a violation of WPiAM policy and may result in revocation of my Certification.			
I represent and warrant that I am authorized to sign this application, and the information contained herein is true, accurate, and complete.			
Date.....		Signed.....	
Please complete and return to: WPiAM, info@wpiam.com			