Application for Recognition as a CA Business Valuation Specialist

This form is to be completed by members wishing to apply to become a CA Business Valuation Specialist. Additional information can be found at www.charteredaccountantsanz.com/learning-and-events/specialisations/business-valuation.

Applicants should read Chartered Accountants Australia and New Zealand's (CA ANZ) regulation CR6B prior to completing this application. The regulation can be accessed at www.charteredaccountantsanz.com/member-services/member-obligations/regulations-and-guidance/australian-regulations

Please complete **ALL SECTIONS** of this application and return with payment details to the Chartered Accountants Australia and New Zealand's office (see page 5 for contact details). **Please print in BLOCK LETTERS.**

Section 1 - Appli	cant's details			
Title	Mr Mrs Miss Ms Other			Membership number
Given name/s (in full)		Fam	ily name	
Preferred name				
Email			Preferred phone nui	
Section 2 Crite	ria/requirements			
Section 2 - Crite	i la/requirements			
for which they are ap Regulation CR6B (Reg	6.11, an Individual Member applying for specialisation must many plying. Julations relating to Business Valuation Specialisation) recogning the experience in business valuations, to such a level that the	nises those Indivi	idual Mer	mbers who have undertaken specific
				• •
	ational component of the Business Valuation Specialisation, t y, depending on the level of business valuation experience he			
Expononou i univu	y, appending on the level of business valuation expensions no	u. Those are out	annou bon	5W III 666161174.
Please select the relev	vant pathway, then complete the Referee Report Forms or	pages 6 and 8.		
PATHWAY SELECTIO				
EMERGING PATHWAY	– SPECIALISATION VIA EDUCATION AND PRACTICAL EXP	ERIENCE		
In accordance with CR6	B.4(a) an individual member applying for recognition as a CA	3usiness Valuati	on Specia	alist will be required to:
	nts Australia and New Zealand for the purposes thre	ough Macquarie	e Univers	
 Provide a certified co 				d the specified subjects within the last cation (CR6B.4(a)(iii)). Please provide
				f to support this
qualification which d completion (CR6B.4(a Markets and Econom and Risk Manageme	etails the subjects undertaken and their successful (ii). These subjects must incorporate Financial pre pre price Principles, Business Valuation, Regulation Ethics and Business Value Application studied through	vious five (5) yea iness valuations	ars, wher and an a .4(a)(iv)).	rears practical experience within the re at least 20% of employment is related to additional 20% is related to the valuations Please provide details in section (ii)
This is the identified p	athway Yes No > If you selected 'Yes' for on the following page.	the Emerging P	athway,	please complete sections (i) and (ii)



i. EDUCATION HISTORY

Please outline the details of your educational history below. A **certified copy** of the qualification and related academic transcript must be attached to this application. (Please attach additional pages to this application if space provided is insufficient.)

Name of Award	
Name of Institution/ Training Provider	
Successful completion	of:
Kaplan	Financial Markets and Economic Principles> Date completed / / (DD/MM/YYYY)
	Business Valuation —> Date completed / / (DD/MM/YYYY)
	Regulation Ethics and Risk Management> Date completed / / (DD/MM/YYYY)
	Business Value Application — Date completed / / (DD/MM/YYYY)
	OR
Macquarie University	Financial System, Participants and Instruments —> Date completed / / (DD/MM/YYYY)
	Financial Structure and Insights —> Date completed / / (DD/MM/YYYY)
	Business Valuation —> Date completed / / (DD/MM/YYYY)
	Private Capital —> Date completed / / (DD/MM/YYYY)
ii. EXPERIENCE	
Please outline the deta	ils of your practical experience below. (Please attach additional pages to this application if space provided is insufficient.)
Current company name	
Current company street address	Suburb/City
	State Postcode Country
Position title	
Position activities	
Employment type	Full-time Part-time at hours per week
Duration of employment	(DD/MM/YYYY) to (DD/MM/YYYY) = [/
Previous company name	
Company street address	Suburb/City
	State Postcode Country
Position title	
Position activities	
rosition activities	
Employment type	Full-time Part-time at hours per week
Duration of employment	(DD/MM/YYYY) to (DD/MM/YYYY) = [J/ [Months
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EXPERIENCED PATHWAY - SPECIALISATION VIA WORKSHOP AND PRACTICAL EXPERIENCE

In accordance with CR6B.4(b) an individual member applying for recognition as a CA Business Valuation Specialist will be required to:

- Complete a workshop as specified by Chartered Accountants Australia and New Zealand and successfully complete the assessment component.
- Provide copy of the certificate as evidence of their successful completion of the workshop and assessment (CR6B.4(b)(ii)).
- Have successfully completed the workshop and assessment within the last five (5) years (CR6B.4(b)(iii)). Please provide details in section (i) below to support this.
- Have a minimum of four (4) years practical experience within the previous ten (10) years, where at least 20% of employment is related to business valuations and an additional 20% is related to the valuations field of work (CR6B.4(b)(iv)). Please provide details in section (ii) below to support this.

This is the identified	pathway Yes No > If you select	ected 'Yes' for Experienced Pathway, please complete sections (i) below.
		copy of the qualification and related academic transcript must be attached to this provided is insufficient.)
Name of workshop	Business Valuation Specialisation Course	
Name of Institution/ Training Provider		
Date completed	/ / (DD/MM/YYYY)	
Section 3 – Decl	aration	
By signing below you d	eclare, consent, agree and accept each of the fo	ollowing:
true and correct 2. I agree to product relation to this at the second of a se	uce such further evidence and information in application as may be required by CA ANZ. bund by the decision of the CA ANZ subject appeal. In is accepted, I undertake to satisfy the g and development in accordance with	 5. Unless I have indicated to the contrary by ticking the box below, consent to my details which I have provided to CA ANZ, and any changes to those details, being published by CA ANZ (including on a website) for the purposes of identifying me as a CA Business Valuation Specialist. I do not consent to my details which I have provided to CA ANZ being published by CA ANZ for the purposes of identifying me as a CA Business Valuation Specialist. 6. I declare that I satisfy the relevant practical experience requirements, where at least 20% of employment is related to business valuations and an additional 20% is related to the valuations field of work, in accordance with CR6B.4(a)(iv) or CR6B.4(b)(iv).
PLEASE SIGN AND DA	TE	
Signature		Date / / (DD/MM/YYYY)
	on by ticking the boxes below. This information wi rt Reports	site in a more informed manner, could you please identify your key areas of practice vill be accessible on our refreshed website. Family Law Share Based Payments Merger & Acquisitions Strategic Advisory

Section 4 – Privacy Statement

By providing personal information to us in this form you consent to Chartered Accountants ANZ (all boxes must be ticked in order for Chartered Accountants ANZ to progress your application): (a) using and disclosing your personal information in accordance with our Privacy Policy, available at www.charteredaccountantsanz. com/privacy; (b) disclosing to third parties your (current or former) status as a member of Chartered Accountants ANZ; (c) disclosing to regulators, law enforcement bodies, professional associations and government or statutory bodies the details of any final adverse determinations (including sanctions) in relation to your professional and/or ethical conduct that are made by the Disciplinary Tribunals or Appeal Tribunals (or their predecessor bodies, as they may be reconstituted or renamed from time to time); and (d) collecting from third parties information relating to your membership of a trade or professional association or union, your criminal record (if any), your health, religious, religious beliefs or affiliations, racial or ethnic origin and any other sensitive information to the extent that it is reasonably necessary for one more of the functions or activities of Chartered Accountants ANZ. Section 5 – Fee and Payment details Fees: APPLICATION FEE An Application fee of \$231.82 (AUD\$) is payable for approved applications onl SPECIALIST MEMBERSHIP FEES The specialist membership fee is based on a financial year (July to June). A propertion of the page o					d y	o-rata fee applies if the application is approved in any month other than							
	AUD\$						DEC	JAN	FEB	MAR	APR	MAY	JUN
Fee payable	(incl. GST)	280.00	256.70	233.40	210.10	186.80	163.50	140.20	116.90	93.60	70.30	47.00	23.70
Yes, I authorise provided below)		l Accounta	ants Austr	alia and N	ew Zealan	d to deduc	t the appro	priate fee	s from my	credit car	d. (see pay	ment deta	ils
Payable by:													
Chartered Accou	ıntants An	nex											
Amex	/isa	Maste	rCard	Dine	rs Club								
Card number					/								
Expiry date	/			CVV num	ber								
Cardholder number													

Cardholder signature

I have completed (please cross): All the applicable sections (1 – 5)	Certificate as evidence of successful completion of workshop and assessment (Experienced Pathway, if applicable)
I have provided/attached the following (please cross)	Additional evidence of practical experience (if available)
Payment authorisation/payment for the application	Referee Report No. 1
Original certified copy of the qualification and related academic transcript detailing subjects undertaken and their successful completion (Emerging Pathway, if applicable)	Referee Report No. 2

Section 7 – Submitting your application form

Please submit your completed application form/supporting documents with payment to:

EMAIL assessment@charteredaccountantsanz.com

OR

Section 7 - Checklist

If you have a 'digital signature' simply click the **submit button**

For further enquiries or additional information please contact the Chartered Accountants Service Centre on:

EMAIL service@charteredaccountantsanz.com

PHONE AUSTRALIA 1300 137 322 OVERSEAS +61 2 9290 5660

WEBSITE www.charteredaccountantsanz.com

Referee Report Form

This form will support the application for recognition as a CA Business Valuation Specialist. **Please print in BLOCK LETTERS**

This form will suppo	te the application for recognition as a expassive	233 Valdation Opeci	anst. I lease printen	I BEOCK EET TERO.
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Company name				
Section 2 – Refe	eree's details			
Business Valuation S Chartered Accountar to clients. The Special Chartered Accountar leadership in the indust The reference must be The reference should the referee. In accordance with C recognition as a CA B At least one of the membership or mo more (CR6B.5(b)). Both of the refere and knowledge in	nts Australia and New Zealand has established a specialisation to recognise, support and promote ints offering quality business valuation services alisation will also be a mechanism through which ints Australia and New Zealand demonstrates justry. The prepared by the referee themselves. In ont be a 'form' letter that is simply signed by CR6B.5 an individual member applying for Business Valuation Specialist will be required to: a references must be from a CA with 3 years ore who has known the applicant for 12 months or inces must attest to the individual member's skills business valuations (CR6B.5(c)).	organisation (CR The reference m should not be a 'stransfere's Report (CR6B.5(f)). Note Referee's Report Members need to divaluation experience and thus If the experience in Minimum of two five (5) years, who business valuations field of the Minimum of four ten (10) years, who business valuations stated to business valuations field of the Minimum of four ten (10) years, who business valuations stated to business valuations stated the Minimum of four ten (10) years, who business valuations stated the Minimum of four ten (10) years, who business valuations stated the Minimum of four ten (10) years, who business valuations stated the Minimum of four ten (10) years, who was the Minimum of four ten (10) years, who was the Minimum of four ten (10) years, who was the Minimum of four ten (10) years, who was the Minimum of four ten (10) years, who was the Minimum of four ten (10) years, who was the Minimum of four ten (10) years, who was the Minimum of four ten (10) years, who was the Minimum of four ten (10) years, who was the Minimum of four ten (10) years, who was the Minimum of four ten (10) years, who was the Minimum of four ten (10) years, who was the Minimum of the Minimum of ten (10) years, who was the Minimum of four ten (10) years, who was the Minimum of the Minimum of Minim	ust be prepared by the form' letter that is sim: : An electronic signation: : emonstrate a minimum re. This requirement values a: (2) years practical expers at least 20% of entire of work, then the Emer (4) years practical expers at least 20% of entire	e referee themselves and ply signed by the referee ure is permitted for the amount of practical business aries depending on their for this application. Derience within the previous apployment is related to 20% is related to the ging Pathway applies perience within the previous
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Given name/s (in full)		Fam	nily name	
CA Member ID Number	(where applicable)			
Company name				
Position title				
Email			Preferred phone number	
Relation to applicant				
Period of time the appl	(NOTE: Reference can not be from a family member or an employee vicant has been involved in the area of business valuati		years	
				Continued overleaf

Please comment on the applicant's skills, knowledge and experience in busing You may also add some comments regarding the applicant's character and re-	ess valuation, particularl putation.	y their involvement in busine	ess valuation engagements.
I certify that the information given above is true and correct.			
r certify that the information given above is true and correct.			
Signature	Date / /	(DD/MM/YYYY)	
For assistance in completing the form, please contact us on:			
EMAIL assessment@charteredaccountantsanz.com	PHONE	AUSTRALIA 1300 137 322	OVERSEA +61 2 9290 5660

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I certify that the information given above is true and correct.			
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Signature	Date / /	(DD/MM/YYYY)	
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