



BOTSWANA INSTITUTE OF VALUERS

APPLICATION FORM FOR ORGANISERS OF CPD EVENT

Form BIV/CPD/ORG

BOTSWANA INSTITUTE OF VALUERS

Website: www.biv.org.bw | Email: admin@biv.org.bw

INSTRUCTIONS TO APPLICANT:

1. Use separate Form for each event.
2. Completed Form must be submitted together with the organiser's tentative event brochure.
3. Applications shall reach the BIV Council **not later than two (2) months** before the date of the event.
4. All applications shall be accompanied with the requisite processing fee of BWP200 which is non-refundable.
5. Attendance lists must be duly signed by participants and a copy shall be submitted to the BIV Council **by not later than 2 weeks after the event**. The attendance list must be certified by the Organiser prior to submission to the BIV Council.
6. Copies of all papers presented shall be submitted to the BIV Council by not later than 2 weeks after the event.
7. An administrative charge equivalent to 5% of the event registration fee in respect of Valuers and Students who are members of BIV attending the CPD events shall be imposed on the Organisers. The said administrative charge shall be remitted to the BIV Council together with the submission of the attendance list.
8. Any approval given by the BIV Council will be based solely on the documents and information submitted by the Organisers. The BIV Council shall be informed of any changes in the details of the event and it reserves the right to withdraw the approval.
9. All approved CPD events will be posted at the BIV 's website at <http://www.biv.org.bw>. The BIV Council shall not be responsible on any changes in the course details.
10. Organisers are not allowed to use or display the Board's logo in any of their brochures, posters or any other types of material. Organisers are allowed to state the number of credit hours approved by the BIV Council.
11. The BIV Council will not entertain any application which do not comply with the aforesaid requirements.
12. All decisions of the BIV Council regarding this application is final.

A. Organiser's Details

- (i) Name of Organiser : _____
:
- (ii) Co. Registration No _____ Core Business _____

(if applicable): _____ of Organiser : _____

(iii) Correspondence Address : _____

(iv) Tel. No. _____ : Fax. No. : _____

(v) Email Address : _____ Website : _____

(vi) Name of Authorised Personnel: _____ Designation : _____

Omang / Passport No : _____

B. Details of Qualifying CPD Event

(i) Title of Event : _____

(ii) Start Date : _____ (iii) End Date : _____

(iv) Venue : _____

(v) No. of Hours : _____
(excluding breaks, lunch, etc.)

(vi) Fee charged per person : _____

(vii) Type of event
[Please tick () where applicable] :

Seminar Workshop Conference Discussion Group

Others (Please state) _____

(viii) No. of Papers to be Presented : _____
(Speakers' CV to be attached)

.....
Signature of Authorised Personnel
for and on behalf of

.....
Date

Company Stamp/ Seal

BOTSWANA INSTITUTE OF VALUERS

DETAILS OF EVENT

Title of event : _____

Name of Organiser : _____

Venue : _____

Start Date : _____ End Date : _____

No.	Title of Paper(s)	Time (Hours)	Speaker(s)/ Moderator	Profession/ Designation	For Office use