



## IKD Member Profile & Report 2023

<b>➤Member organisation:</b>	
IKD membership since:	
Company Status:	

### ➤Office and Officers

<i>Registered office:</i>	
Telephone:	
Fax:	
Mobile:	
Email:	
Web:	
Social Media:	
Logo (link):	

<i>President:</i>	
Date appointed:	
Agency:	
Address:	
Telephone:	
Fax:	
Mobile:	
Email:	
Web:	

<i>Secretary:</i>	
Date appointed:	
Agency:	
Address:	
Telephone:	
Fax:	
Mobile:	
Email:	
Web:	

<i>IKD Delegate:</i>	
Date appointed:	
Agency:	
Address:	
Telephone:	
Fax:	
Mobile:	
Email:	
Web:	



➤ **Membership**

Members:	
Directory of Members:	
Membership Categories:	

➤ **Membership Criteria/Selection Process**

Member has provided evidence of identity:	● Yes No ●	1	<input type="checkbox"/>
Member has provided evidence of residential address:	● Yes No ●	2	<input type="checkbox"/>
Professional indemnity insurance:	● Yes No ●	3	<input type="checkbox"/>
If yes, level of cover required (in EURO):			
Registered with national data protection supervisory authority:	● Yes No ●	4	<input type="checkbox"/>
Criminal check:	● Yes No ●	5	<input type="checkbox"/>
If yes, link to Policy Statement ( <a href="#">click here</a> to view sample):			
Evidence of competence/qualifications:	● Yes No ●	6	<input type="checkbox"/>
If yes what is minimum requirement:			
Professional or character references:	● Yes No ●	7	<input type="checkbox"/>
If yes how many references are taken:			
CV:	● Yes No ●	8	<input type="checkbox"/>
Sample Reports as evidence of capabilities:	● Yes No ●	9	<input type="checkbox"/>
Financial probity check (monetary judgments)			
Personal:	● Yes No ●	10	<input type="checkbox"/>
Corporate:	● Yes No ●	11	<input type="checkbox"/>
Application of membership details circulated among members:	● Yes No ●	12	<input type="checkbox"/>
Website checked for ethical and compliance:	● Yes No ●	13	<input type="checkbox"/>
Membership application interview:	● Yes No ●	14	<input type="checkbox"/>
Membership renewal required:	● Yes No ●		↑
If yes renewal period in years:			
If yes tick boxes for the criteria reviewed: _____			
Other criteria:			



➤ **Laws and Bylaws**

Code of Ethics:	Yes No
Disqualification:	
Disciplinary procedures:	

➤ **Licensing**

Government License:	Yes No
Regulation proposed:	Yes No
Licensing Regulator:	
Regulations altered:	
Comments on Regulation:	

➤ **Association Description:**

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➤ **Association Activities:**

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