

CCIM Institute Activity Data Form

Activity #

Include a copy of this page as the **first** page of each activity.
Please type or computer-print.

CANDIDATE:

Today's Date:

Name:

Position in Company:

Company:

Business Address:

City:

State:

Zip:

Business Phone:

Fax:

E-mail Address:

Supervisor Name:

Supervisor's Position in Company:

Supervisor Business Phone:

Supervisor E-mail Address:

SUBJECT PROPERTY:

Property Name:

Property Address:

City:

State:

Postal Zip:

Country:

Type: Office Retail Industrial Multifamily Hotel Land

Other (describe):

Year Built: _____ Occupancy at Sale: _____%

Size: _____ Square Feet # of Units _____ Land Area _____ Acres

ACTIVITY:

Date Activity Completed: _____

Type: Sale* Exchange Lease Consulting Development

Installment Sale Syndication Mortgage Financing

Other (describe):

BUYER:

Insurance Co. Pension Fund Bank REIT Credit Corp. Joint Venture

Ltd. Partnership Government Developer Owner-User Foreign

Hotel Operator Private Investor Other (describe):

SELLER:

Insurance Co. Pension Fund Bank REIT Credit Corp. Joint Venture

Ltd. Partnership Government Developer Owner-User Foreign

Hotel Operator Private Investor Other (describe):

Mortgage Amount: \$ _____ Interest Rate: _____% Terms: _____ Yrs.

Capitalization Rates: _____ Initial Cap Rate: _____% IRR: _____%

Client's Goals & Objectives: (Give a detailed description)

List Your Specific Job Duties and Exact Role in this Activity (Give a detailed description)

Your Job Title in this Activity: _____

Explain the CCIM Skills You Used in this Activity (Give a detailed description):

VALUE of Activity: \$

Commission Received: Company: \$

Candidate: \$

If no commission received, how were you compensated for this transaction?

OTHER AGENT(S) involved in Activity: In Company? Cooperating Broker

Other Agent Name:

Other Agent's Role in this Transaction:

Phone:

Email Address:

If more than one other agent, list all other agents involved and their roles:

Principals in the Activity:

Identify each principal by name, current address, and phone number (check appropriate category):

 Seller/ **Landlord/** **Other (describe):**

Name:
Address:
Phone:
Email Address:

 Buyer/ **Tenant/** **Other (describe):**

Name:
Address:
Phone:
Email Address:

Proof of Activity: Signed Closing Statement Signed Lease Other (describe):

Proof of Candidate's Role (minimum of two): Copy of commission check
 Signed/notarized statement Signature as witness Signature on listing agreement
 Signature on selling agreement Other (describe): _____

I do hereby affirm that I was *personally* involved in this activity and that I personally wrote and compiled this report. By my signature I hereby grant permission to the CCIM Designation Committee or its appointed representatives to contact any or all of the parties in this transaction.

Signed _____
Date _____

PLEASE DO NOT WRITE IN THIS AREA – OFFICIAL USE ONLY	
CCIM Grader: _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> *Disapproved
Date: _____	
* Disapprovals required Vice Chairman signature: _____	