Certification „client advisor bank“

**Confirmation employer**

The candidate meets the following requirements at the time of certification:

* must be employed by a financial institution.
* must have a client book, participate in such a book or work as an independent specialist for clients and be in direct contact with them. This means bearing responsibility for advising customers individually or in a team and being in direct contact with them.
* must have a role corresponding to the certification program (according to the role key defined by the examination body) (*for independent wealth managers: see appendix ‘Role definition’ Certified Wealth Management Advisor CWMA)*

**Addition for IWMs/financial intermediaries (please check):**

The undersigning employer holds a qualified framework contract with a bank licensed in Switzerland

and is a member of an SRO recognized by FINMA.

|  |  |  |
| --- | --- | --- |
| 1. **Personal data** | | |
| Title | Mr | Mrs |
| First Name |  | |
| Name |  | |
| Birthdate |  | |
| Private address (Street/No. / Zip-Code/Place) |  | |
| Email private / business |  | |
| Phone number |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Certification programme (Just choose one) | Advisor Private  Clients | Advisor SME  Clients | Advisor Affluent Clients |
|  | Advisor Individual Clients | Corporate  Banker CCOB | Wealth Management Advisor CWMA |
| Certificate language | German  English  French  Italian | | |

|  |  |  |
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| 1. **Current professional situation** | | |
| Employer |  | |
|  |  | |
|  |  | |
| Function/Role |  | |
| Contact/Supervisor |  | |
| *For IWM only* | *Authorisation by FINMA* | *Member SRO:* |

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| --- | --- | --- | --- |
| 1. **Confirmation employer** | | | |
|  | **Place** | **Date** | **Signature** |
| **Employer**  (only valid if stamped) |  |  |  |
| With this signature the employer confirms:   * that the information provided concerning the employment and role of the candidate is true and complete * That the candidate meets the conditions noted above | | | |
|  | **Place** | **Date** | **Signature** |
| **Candidate** |  |  |  |
| With his/her signature, the candidate declares:   * that the provided personal information is complete and truthful * that he/she acknowledges the examination regulations | | | |