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 |

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

|  |
| --- |
| 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
 |