Certification „client advisory bank“

**Confirmation employer recertification**

The following information has to be filled in by the client advisor.

I hereby confirm to comply with the requirements for the certification.

Extract of the examination regulation

* 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 contact with them.
* must have a role corresponding to the certification program (according to the role key defined by the examination body)
* must have met all requirements needed for recertification (the form “Beilage 1 Nachweis Massnahmen Privatpersonen” is to be filled out and handed in with this request).

Name and surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex ☐male ☐female

Language of certificate German English French Italian

Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip-code / place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment title/ role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Details on website)

Certification programme  Advisor Private Clients  Advisor Individual Clients

Bank Client Relationship Manager  Advisor SME Clients  Corporate Banker CCoB

(Choose one ONLY)  Advisor Affluent Clients  Certified Wealth Management Advisor CWMA

Name of employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person / supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Place** | **Date** | **Signature** |
| Candidate |  |  |  |
| Employer  (only valid if stamped) |  |  |  |

With his signature the signatory confirms:

* to accept the examination regulation and the admission standards mentioned above.
* that all the information above is filled in completely and truthfully.

|  |  |  |
| --- | --- | --- |
| **To be filled in by the external certification service** | | |
| Responsible person | Date | Signature |