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 |