**Employer Confirmation**

Company Name:

Company Adress:

Country (domicile):

Name of Client Advisor:

Date of Birth:

Position within company:

Function within company:

Employed since:

Employed on a permanent basis [ ]

Employed until:

* **Confirmation regarding Professional Liability Insurance:**

[ ]  The Client Advisor is covered by the employers’s **professional liability insurance** according to Art. 32 Financial Services Ordinance (**FINSO**) or **equivalent financial security** according to Art. 33 FINSO.

* **Confirmation regarding professional knowledge (optional):**

We, the undersigned hereby confirm on behalf of that born on ,has the necessary professional knowledge in accordance with Art. 6 Swiss Financial Services Act (**FINSA)** to work in the following ***fields of activity*** according to Art. 3 (e) FINSA:

[ ]  Purchase / Sale of financial instruments

[ ]  Receipt / Transmission of orders in relation to financial instruments

[ ]  Wealth / Asset Management

[ ]  Investment Advice (provision of personal recommendations on transactions)

[ ]  Granting of loans to finance transactions with financials instruments.

**Important**: The confirmation may not be signed by the client advisor himself/herself, but must be signed by a supervisor, member of the executive board, member of the board of directors, compliance, Human Resources etc.

Place, Date:

* Signature (s):

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Full Name:

Indicate the signatories clearly and legibly

Function: