## **Employer Confirmation**

| Company:       |   |
|----------------|---|
| Company add    | ress:   |
|                |   |
| Country of do  | micile (company):   |
| Name of empl   | oyee:   |
| Date of birth: |   |
| Position withi | n company:  |
| Function withi | in company:   |
| Employed sind  | ce:   |
| Employed on a  | a permanent basis:  |
| Employed unt   | il:<br>or fixed-term employment)  |
| insurance acco | ort Advisor (employee) is covered by the employer's professional liability ording to Art. 32 Financial Services Ordincance ("FinSO") or equivalent rity according to Art. 33 FinSO. |
|                | Optional Section (if fields of activity are to be confirmed)  |
| We, the under  | signed hereby confirm on behalf of that<br>, born on employed by us, has the necessary  |
| professional k | knowledge in accordance with Art. 6 Swiss Financial Services Act ("FinSA") to working fields of activity according to Art. 3 (c) 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   |
| Place, Date:   |   |
|                |   |
|                |   |