**CERTIFICATE**

**OF THE FINANCIAL SERVICE PROVIDER IN FAVOUR OF THE CLIENT ADVISOR**

**RELATING TO PROFESSIONAL KNOWLEDGE**

**The undersigned, authorized signatories of :** (full name and address of the company)

Cliquez ou appuyez ici pour entrer du texte.

**certify that the person designated below:**

(surname and first name of the Client Advisor) : Cliquez ou appuyez ici pour entrer du texte.

**has been conducting his/her business activity in our company since** (year): Cliquez ou appuyez ici pour entrer du texte.

**in the capacity of:**

* (position within the company):Choisissez un élément.
* (duties within the company) Choisissez un élément.

**and possesses the necessary professional knowledge within the meaning of Art. 6 of the Financial Services Act (FinSA) in the following areas of activity** (tick the appropriate box/boxes)**:**

**the acquisition or sale of financial instruments;**

**receipt and transmission of orders in relation to financial instruments;**

**management of financial instruments (portfolio management);**

**provision of personal recommendations on transactions with financial instruments (investment advice);**

**granting of loans to finance transactions with financial instruments.**

**We accept that this information be accessible to the public in ARIF’s Client Advisor Register and that it be stated in the register that the Financial Service Provider has confirmed the necessary professional knowledge of the registered Advisor.**

**Place :** Cliquez ou appuyez ici pour entrer du texte.**Date :** Cliquez ou appuyez ici pour entrer une date.

**Signatures :**

Surname and first name in full text : Cliquez ou appuyez ici pour entrer du texte.

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Surname and first name in full text : Cliquez ou appuyez ici pour entrer du texte.

**……………………………………………………………..**