

ADMISSION APPLICATION

- YES, I WOULD LIKE TO BECOME A MEMBER OF THE ASSOCIATION OF INTERNATIONAL WEALTH MANAGEMENT AIWM.

PLEASE TYPE OR PRINT IN CAPITAL LETTERS. THANK YOU.

TITLE:

FAMILY NAME(S):

FIRST NAME(S):

DATE OF BIRTH:

PRIVATE ADDRESS

STREET, NO:

POSTCODE & CITY:

T: F:

MOBILE: E-MAIL:

EMPLOYMENT DETAILS

EMPLOYED SELF-EMPLOYED

DEPARTMENT:

POSITION (President, CEO, CIO, CFO, IR, manager, assistant etc):

NAME OF EMPLOYER:

ADDRESS OF EMPLOYER:

.....

T: F:

MOBILE: E-MAIL:

CORRESPONDENCE ADDRESS

Please send all correspondence to:

- Business Private

KNOWLEDGE OF LANGUAGES

Mother tongue:.....

- | | | | |
|---------------|-------------------------------|--------------------------------|--------------------------------|
| Other 1:..... | <input type="checkbox"/> read | <input type="checkbox"/> write | <input type="checkbox"/> speak |
| Other 2:..... | <input type="checkbox"/> read | <input type="checkbox"/> write | <input type="checkbox"/> speak |
| Other 3:..... | <input type="checkbox"/> read | <input type="checkbox"/> write | <input type="checkbox"/> speak |
| Other 4:..... | <input type="checkbox"/> read | <input type="checkbox"/> write | <input type="checkbox"/> speak |

EDUCATION

- | | YEAR |
|--|-------|
| <input type="checkbox"/> CERTIFIED INTERNATIONAL WEALTH MANAGER CIWM | |
| <input type="checkbox"/> DOCTORAL DEGREE: | |
| <input type="checkbox"/> UNIVERSITY DEGREE:..... | |
| <input type="checkbox"/> APPRENTICESHIP IN: | |
| <input type="checkbox"/> OTHER FORMAL TRAINING/DIPLOMAS:..... | |
| <input type="checkbox"/> OTHER: | |

CURRENT PROFESSION

- ANALYST (Financial Analyst, Funds Analyst, Credit Analyst)
- PORTFOLIO MANAGER
- ASSET MANAGER
- FUND MANAGER
- INVESTMENT OR CLIENT ADVISOR
- TRADER
- RELATIONSHIP MANAGER
- ECONOMIC RESEARCHER
- LAWYER-COMPLIANCE
- SALES & MARKETING
- OTHER:

DATA PROTECTION

The information you have provided will be used by AIWM or approved agents for administrative, membership and educational purposes or as required by law. From time to time AIWM may pass your details to third parties to enable them to send you information about products and services approved by AIWM. If you do not want to receive mailings from third parties, please let us know by ticking the box.

I do not wish to receive mailings from third parties approved by AIWM relating to beneficial products and services.

CONDITION OF ADMISSION

- Possession of the Certified International Wealth Manager CIWM or
- Completion of University with a minimum of five years of active practice in cross-border private banking/wealth management. This may be on the basis of work in the profession, with a private bank or trust company, in a firm providing investment or related advice, a trust company, insurance company, or similar.

I hereby confirm that I have read and understood the conditions of admission defined in the Articles of Association and the code of ethics. (www.aiwm.org).

SUPPORTING DOCUMENTATION

If you are applying for membership based on your relevant experience, please provide a full CV and confirming letters from at least three persons of good reputation supporting the five years of professional experience. Please read the guidance on applying for membership based on prior qualification(s)/experience at www.aiwm.org before completing the application.

DECLARATION

AS A MEMBER OF AIWM, I AM OBLIGED TO ACT ACCORDING TO THE CODE OF ETHICS, OTHERWISE I CAN BE EXCLUDED FROM THE ASSOCIATION.

I hereby declare to be in agreement with the AIWM's Code of Ethics (art. 9 of the AIWM Articles of Association).

Place, Date

Signature

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I confirm that I have completed the admission application form truthfully.

Place, Date

Signature

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