



## ADMISSION APPLICATION

I wish to become a member of the Swiss Financial Analysts Association SFAA

Ms.                      Mr.

Last name

First name

Date of Birth

### Business address

billing address

Position                      Owner/Partner                      Board member                      Managing Director                      Management                      Employee

Employer

Street / Nr.

Zip / City

Phone

Mobile

E-Mail

### Private address

billing address

Street / Nr.

Zip / City

Phone

Mobile

E-Mail

### Condition of admission

Working experience in the financial sector (i.e. financial analysis, portfolio management, operations) and/or holder of a SFAA diploma or any other certification recognised as equivalent by the SFAA.

Please find enclosed my CV (ONLY FOR APPLICANTS WITHOUT SFAA DIPLOMA)

### SFAA Diplomas

Advanced Federal Diploma for financial analyst and portfolio manager and/or CIIA ®

Advanced Federal Diploma for expert in finance and investment and/or CIWM ®

Advanced Federal Diploma for financial market operator FMO

Associate Wealth Manager AWM

Federal Diploma for technician in financial market operations FMT

### Declaration

As a member of the SFAA, I am obliged to act according to SFAA's ethical rules, otherwise I can be excluded from the association. I hereby declare to adhere to the [SFAA Code of Ethical Conduct](#).

I confirm that I have completed the admission application truthfully.

I have an international diploma (CIIA, CIWM, AWM) and understand that these titles lose their validity on withdrawal from SFAA.

Place and date

Signature