

Employer Attestation

To be completed if you are in the Professional Year and over the age criteria.

I certify that at the date of this application		(applicant name) is
an employee of	(firm name).	
I confirm that the applicant is:		
in their Professional Year		
a Provisional Adviser		
a newly qualified Adviser		
□ in a support role		
in research or corporate advisory		
Signed	Date	
Name:		
This form must be signed by one of the following repr	esentatives of the firm.	
Please select:		
Company Secretary		
Compliance Officer		
□ Head of Advice		

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