Appointment of a Suitable Certifier Individual Application

Adviser company name		
		Certifier for the adviser company, the applicant must be llowing sections must be completed by the Individual and
Part A (to be completed by t	he applicant)	
First name		
Last name		
Date of birth (dd/mm/yyyy)		
Nationality		
Job title		
Professional qualifications held and membership of any professional bodies:		
I confirm:		
• I am an approved user of	the Ardan International Wealth Platform for the a	above named Adviser Company.
• I have read and understar	nd the Ardan International Guide to Anti-Money La	undering available on the Ardan International website.
	ny disciplinary action by any regulatory/professions, please provide more information:	nal body or trade association?
Have you have been refused	d, or had cancelled or terminated Suitable Certifie	r status?
Yes No If Yes, please provide more information:		
Signature of proposed Suitable Certifier		Date (dd/mm/yyyy)
NOTE: you are unable to cer	tify documents until we have confirmed in writing	to you that you have been appointed a Suitable Certifier.
Part B (to be completed by a	a director, partner or authorised signatory for the A	Adviser Company)
	to appoint the above named as a Suitable Certifier	
	atory 1	Signatory 2
Name (printed)		
Signature		
Date (dd/mm/yyyy)		
Privacy policy		

Our full privacy policy can be viewed at www.ardan-international.com/privacy or can be obtained by requesting a copy from our

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Data Protection Officer.