## **Employer Consent for Representative Status**

## To: Professional Investment Advisory Service ("PIAS")

I hereby verify tha	at	N	IRIC No:	("Employee")
is currently/will be	e* employed by			("Employer") as a
		The	e Employee's statu	us with the Employer
is/will be □ part-	time □freelance □comi	mission based $\square$ cont	ract.	
The number of ho	ours spent in the employme	ent:hou	rs/week	
If the Employee is	a contract staff, the contra	act tenure is from	t	0
$\square$ is curre	been informed by the Empently a representative with applying as a licensed representative with	PIAS.		
I. The Emplo Financial A  II. The Emplo a. Act b. Car c. Pro d. Ma Cor e. Ma (e.§	reby gives its consent to the pyer's business and the Employer's business. Byer's business and the Employer's business are all estate agents; arketing, promoting or conditional products that are a general products that are a general marketing, vinking/overseas property saccompany listed in the "Investigation of the Employer's arketing products that are a general p	ployee's duties and so ployee's duties and so isiness; s; ducting classes/ semir not regulated under the rtual currencies/ gold ales and crop schemes	cope of work do no cope of work do no nars/ software sale he Financial Advise buy-back scheme	ot conflict with PIAS's ot involve in: es on Shares/ ers Act ("FAA")
Signature of Authorized Officer		 Date		Company Stamp
Name of Authoriz	ed Officer :			
Designation	:			
Contact Number	:			