

**INTERNATIONAL MANAGEMENT OF FAMILY WEALTH
REGISTRATION FORM CYCLE 2 (2024-2025)**

The Candidate

Family Name:
 Given Name: Sex: M F
 Date of birth: (DD/MM/YYYY) Place of Birth:
 Personal Address:

 Postal Code: City: Country:
 Phone number: E-mail address:
 Current job role of the candidate:

Please include specifics about your experience to explain your knowledge or exposure about wealth management:

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IUM can communicate practical information concerning the courses (agenda, timeslots, rooms etc.) via email or by telephone.

The certification

Please select one or more modules of your choice:

- Advanced Certificate 1: International Trust and Estate Planning (Vehicles Module) – **June 2024**
- Advanced Certificate 2: Taxation, Wealth Planning, Tax transparency and AML (Tax & Compliance Module) – **September 2024**

- Advanced Certificate 3: Asset Management for multi-generational, international families (Investment Module) – **November 2024**
- Advanced Certificate 4: International Succession, Matrimonial Law and Family Governance (Family Module) – **January 2025**
- All four IUM Advanced Certificates + IUM Certificate in Business Excellence

Financial Institution

Name of the Institution :

Family and Given name of the HR Manager:

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E-mail of the HR Manager (*mandatory*):.....

Phone number:

Address:

.....

Postal Code: City:

Country:

Documents to be provided and sent with this application form:

- Copy of a valid ID card
- Updated CV with the position held at the time of registration

N.B. Please send this form duly filled out **at least 10 days before the start of the first module you wish to register for**. For instance, for the registrations to the module starting in June, we kindly ask you to send it by **May 28th, 2024**, at the email addresses below. An invoice will also be sent to you upon confirmation of registration.

To the attention of Ms Federica Conte
fconte@ium.monaco.edu and certification@monaco.edu
International University of Monaco
 14 rue Hubert Clerissi
 98000 Monaco

The above information is certified accurate.

City:	City:
Date (dd/mm/yyyy):	Date (dd/mm/yyyy):
Signature of candidate:	Signature of HR Manager:
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