**Government of the District of Columbia**

Department of Insurance, Securities and Banking



**District Of Columbia Adviser Affidavit**

Please be advised that I, (Principal/Officer's name)

of the Investment Adviser (Adviser/Firm's name)

* **The applicant has not offered or provided any investment advisory services in the District of Columbia and will not offer or provide investment advice until registered with the Securities Bureau of the District of Columbia.**
* **If the applicant has provided investment advisory services on behalf of District of Columbia residents or within the District of Columbia while not effectively licensed under the Act, please provide the following information:**
1. **date on which the applicant first began providing investment advice at a place of business within the District;**
2. **name, address and telephone number of each client;**
3. **date of each agreement with clients involved;**
4. **a description of services provided to each client along with the total amount of assets managed or involved and the total amount of all fees received.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State of County of**

**Subscribed and sworn before me this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary Public**

**My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**