

SERVICE PROVIDER LISTING REQUEST FORM

Firm Name:	
Type(s) of Service Provider:	<input type="checkbox"/> Verifier <input type="checkbox"/> Consultant <input type="checkbox"/> Software/Technology/Other
If you selected software/technology/other, please provide a brief description of your services	
Website Address:	
First Name:	
Last Name:	
Email Address:	
Phone Number:	
Location:	
<input type="checkbox"/> By checking this box and signing my name in the signature box, I acknowledge that CFA Institute has permission to post my firm's information on the website as a resource for firms and asset owners that claim or seek to claim compliance with the GIPS standards. I further acknowledge that all of the information provided is correct to the best of my knowledge and I am responsible for notifying CFA Institute of any changes to the information above.	
Signature:	
Date:	