

To change your address we require the details below:

(Please use block capitals.)

Company/association _____

Additional description _____

Previous address

Last name	_____	First name	_____
Street	_____	No.	_____
P.O. Box	_____	Postcode	_____
Location	_____	Country	_____
Telephone	_____		

New address

Last name	_____	First name	_____
Street	_____	No.	_____
P.O. Box	_____	Postcode	_____
Location	_____	Country	_____
Telephone	_____		

The address change applies to

Business/association headquarters Address for correspondence
If entered in the Commercial Register, attach relevant extract from the Commercial Register.

all accounts/custody accounts held with PostFinance (also partner accounts)

only these accounts/custody accounts







Valid with immediate effect as of _____



What you have to do when sending us personal data about other people

By sending us data about other people, you confirm that you are authorized to do so and that the data is correct. Before you send the data to us, please ensure that the relevant third parties have been informed that we will process their data and forward them a copy of the enclosed "Information on data protection" document or our Privacy Policy, which you can find at postfinance.ch/dps.

With your signature/s you confirm the accuracy of these details.

Location	_____	Location	_____
Date	_____	Date	_____
			
Signature*		Signature*	
Last name	_____	Last name	_____
First name	_____	First name	_____

* Signature of the authorized person. For collective signatures, two signatures are required.

Please send the form to: PostFinance Ltd, Scan Center, 3002 Bern

To be completed by PostFinance

Partner number	_____
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