01002_00 EN PF 000016

Power of attorney regulations credit card and prepaid card account



for natural persons

Card account

Regulations governing powers of attorney between PostFinance Ltd, and the following contractual partner, hereinafter referred to as the Customer:

(References to persons refer to both men and women as well as to groups of persons)

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

(Card account starts with "800")

If you are sending us personal data about other people (such as authorized representatives, controlling persons or heirs), you therefore confirm that you are authorized to do so and that the data is correct. Please ensure that these third parties have been informed before notification that we will process their data and send them a copy of the enclosed "Information on data protection" document or our privacy policy at postfinance.ch/dps.

Postal accou	ınt/IBAN						
Customer	☐ Mr	☐ Ms					
Last name				Firs	st name		
Street, no.							
Postcode		Location					
Country							
PostFinanc Customer's and action with the do that it has jurisdiction	e Card Centers name on the s of the autho eath, loss of le been revoked is based on the	. In particular, the Auth credit card account an rized person are bindin gal capacity or bankrup (Art. 35 Swiss Code of	orized Person(s d to submit oth g on the granto tcy of the Custo Obligations). The If these are not) is/are entitled to of er legally binding of or of the power of omer. It remains in his power of attorn applied, the sole p	lispose declarat attorne force u ey is su lace of	of the assets held at PostFinance in the of the assets held at PostFinance in the tions. The signatures and all declarations by. The power of attorney does not lapse until PostFinance receives notice in writing bject to Swiss law exclusively. The place of jurisdiction for all proceedings is Berne. miciled in Switzerland.	g
Authorized	person 1	Signature	Sole				_
☐ Mr	□ Ms						I
Last name							
First name							
Nationality	☐ CH other				L		
Relationship to					Date of	Authorized person should sign within the box	
Tieldelorising t	- Castomer				Dute of		
Authorized	person 2	Signature	sole	~	_		_
☐ Mr	☐ Ms				I		I
Last name							
First name							
Nationality	☐ CH other				L	Authorized person should sign within the box	
Relationship t	o customer				Date of		
Authorized	person 3	Signature	sole	> a	Г		\neg
☐ Mr	☐ Ms				•		Ī
Last name							
First name							
Nationality	☐ CH other					Authorized person should sign within the box	
Relationship t	o customer				Date of		





The current power of attorne	y regulations should be treated as follows:	
☐ All current powers of atto	rney are to be deleted	
☐ Only the power of attorne	ey of the following person(s) is to be deleted	
Last name	First name	Date of birth
Last name	First name	Date of birth
have been granted. Location	authenticity of the above signatures and ack	cknowledges the powers of attorney that
		⅓

Please send the form to: PostFinance Ltd, Card Center, Eternitstrasse 3a, 8870 Niederurnen





