# 145 EN PF 000015.0

## Power of attorney regulations for natural persons



### Hints for filling in the form

Partner number * optional informati  1. Customer o	ion				
X Mr	details		Order number	*	
			and detai	ls for partner rela	tionship
	☐ Ms		☐ Mr	☐ Ms	
ast name	Muster		Last name		
irst name	Peter		First name		
Street	Belpstrasse	No. 12	Street		No
Postcode	3123		Postcode		
Location	Belp		Location		
Country	_		Country		
Date of birth	18.02.1960		Date of birth		
Jule of birth	10.02.1500		Date of Birth		
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	□ All curren	t nowers o	f attorney are to be deleted										
		only the power of attorney of the following person(s) is to be deleted											
	Last nam		, , , , , , , , , , , , , , , , , , , ,										
	First nam	First name				Date of birth							
	Last nam	Last name											
	First nam	First name					Date of birth						
	4. Data pro	4. Data protection											
		Information on how PostFinance processes your personal data can be found in the "Information on data protection" enclosure or in											
			tfinance.ch/dps.	311 00	. round in the		matori or data protection chelosale or in						
	5. Signature	5. Signature(s)											
	The customer	he customer confirms the authenticity of the above signatures and acknowledges the powers of attorney that have been granted.											
	Date (DD.MM.YYYY) 20.06.2023				Location Belp								
	Signature				Signature (p	oartnei	rship)						
	<b>≥</b> □		2	7	>	<b>₹</b> □		$\neg$					
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000038.00	Last name	Muster		_	Last name	_							
	First name	Peter			First name	_							
95_00 EN PF	Please send	the form	to: PostFinance Ltd, Scan Center, 3002 B	Berne									

These regulations detail the representation of the business relationship between the customer and PostFinance Ltd.\*

#### Please complete legibly and in full

Please write in clearly legible block capitals, keep within the fields, and use a black or blue felt pen or ballpoint pen. Please check that all the fields are complete and that the necessary details have been added. A power of attorney that is incomplete or which contains mistakes cannot be accepted.

#### 1 Authorized signatories

Please enter the details of the authorized signatories in the fields "Authorized person 1" to "Authorized person 3". The persons in question should sign to the right within the appropriate signature box. Please note the following points in particular:

- In the relationship box, please state your relationship to the customer. Examples: "Father", "mother", "brother", "sister", "son", "daughter", etc.
- Please indicate whether you wish to have sole or collective signing authority. Unless otherwise indicated, sole signing authority will be issued.
   Please note: A PostFinance Card Direct cannot be issued to persons with collective signing authority.

#### 2 Signature(s)

The customer signs here. For minors or persons deprived of legal capacity, the legal representative/third party should sign.

#### 3 Scope of the power of attorney

Please indicate if the power of attorney applies to all current and future business relationships or just to a specific account/custody account or accounts. Minors or persons deprived of legal capacity: If the customer is not yet 18 years old, separate powers of attorney are defined for each account /custody account rather than for all current and future business relationships.

#### Do you have any questions?

If you have any questions about filling in the form, please contact your nearest PostFinance branch or post office or call us on 0848 888 700 (regular rate).

\* The authorization applies to accounts/custody accounts and other services. It does not apply to credit and prepaid card accounts, retirement products, mortgages, personal loans and property insurance.