

Range of services

for legal entities, partnerships and sole proprietorships



Partner number* _____

For internal purposes:

☐ START-UP (do not tick)

Customer details

Company/Name _____

Street (domicile/head office) _____ No. _____

Postcode _____

Location _____

Website _____

Country _____

Number of employees (incl. company owner)/members _____

Sector/main activity _____

Entry in the commercial register ☐ yes ☐ no Type of company _____

Annual turnover CHF ☐ CHF 0 – CHF 99'999 ☐ CHF 1 m – CHF 2.49 m

☐ CHF 100'000 – CHF 499'999 ☐ CHF 2.5 m – CHF 4.99 m

☐ CHF 500'000 – CHF 999'999 ☐ CHF 5 m and more

Authorized contact person _____

Function _____

Telephone number _____ E-mail* _____

Language of correspondence ☐ G ☐ F ☐ I ☐ E

☐ **We are already a customer and have the following**

Partner number _____ Account number _____

☐ **We are not yet customers.**

Other correspondence address*

Company/Name _____

Street _____ No. _____ P.O. Box _____

Postcode _____

Location _____

Country ☐ CH other _____

Choice of Service

Account for payment transactions

Currency

☐ CHF ☐ EUR ☐ _____

Additional description _____

Advice type

☐ electronically via e-finance

☐ PDF

☐ paper

Advice frequency

☐ weekly

☐ bimonthly

☐ monthly

☐ quarterly

☐ event-oriented

* optional information



PostFinance Card (individual signing authority required)

in the last/first name of _____

Date of birth _____ Nationality _____

in the last/first name of _____

Date of birth _____ Nationality _____

PostFinance Card Pay (subject to a charge)Paying-in card for cash deposits to your own account ☐ We would like to order _____ (number) cards**Services**☐ The account number may be published in the non-public account directory.**E-finance for online account management**☐ **New registration for e-finance (standard solution)**

The e-finance service is to be opened for the following users with the following signing powers:

User 1

Last name _____

First name _____

Nationality _____

Date of birth _____

Function _____ ☐ sole ☐ collective**User 2**

Last name _____

First name _____

Nationality _____

Date of birth _____

Function _____ ☐ sole ☐ collective☐ **New registration for e-finance (customized solution)**

You will be contacted by PostFinance for individually defined details such as additional authorized signatories, additional users, authorizations, salary payments, payables, receivables, order documents, electronic account documents and custody accounts, etc.

☐ **E-finance subscription exists**

Add newly opened account to existing e-finance subscriber number.

No. _____

You will be contacted by PostFinance so that all the users you require can manage the account you have just opened in e-finance.

Telephone advice/informationI would like information about the following payment solutions ☐ Debtors ☐ Creditors

Last name _____ First name _____

Telephone number _____ Preferred time _____

regarding _____



Data protection

You can find information on data protection at **postfinance.ch/data-protection**.

The Customer confirms that the details they have provided in the course of concluding this Agreement are correct. If any details change, the customer must inform PostFinance of the changes immediately.

Details on the principles and methods of data processing are set out in the PostFinance Ltd General Privacy Policy (postfinance.ch/dps). This applies in particular to the purposes of data processing, data recipient categories and data protection-related claims by the customer.

If the Customer is to disclose data concerning other people to PostFinance, the Customer confirms that they are authorized to do so and that this data is correct. If requested by PostFinance, the Customer must provide proof that these persons consent to the disclosure of their data and to the further processing of said data, and that they have been informed in advance of the PostFinance Ltd General Privacy Policy (postfinance.ch/dps).

Comments

Location	_____	Location	_____
Date	_____	Date	_____
	┌		┌
Customer's signature ¹	└	Customer's signature ¹	└
Last name	_____	Last name	_____
First name	_____	First name	_____

¹ Signature of the holder/body or authorized person. Two signatures are required for joint signatory powers.

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To be completed by PostFinance

Financial data

Broker	Locality code	_____	Staff number	_____
Concluding office	Locality code	_____	Staff number	_____
☐ PF branch	☐ Swiss Post branch	☐	_____	

