

Order: Confirmation of business relationship/account assets

Partner number _____

Confirmation to be issued in the following language

German French Italian English

Your details

Company name _____

Last name _____ First name _____

Street _____

Postcode _____ Location _____

Country _____

Contact person _____

Telephone number _____

Please send confirmation to

- Address for correspondence
 The following address (a copy will be sent to your correspondence address)

Company name _____

Last name _____ First name _____

Street _____ P.O. Box _____

Postcode _____ Location _____

Country _____

Delivery timeframe

Delivery by: (day/month/year) _____

* The delivery timeframe runs for ten working days from the reference date

You would like confirmation of

Business relationship as at
(day/month/year) _____

This confirmation provides information about all services provided under your company's name as at the cut-off date. The confirmation includes:

- account balances incl. signing authority
- custody account balances incl. signing authority
- loans
- credit limits
- money/capital market investments
- forward, spot and swap transactions
- obligations

Issuing fee (incl. VAT)

One or two accounts, flat fee CHF 150
three to five accounts, flat fee CHF 250
Each additional account CHF 75

E-finance authorizations yes no

(in the case of missing details, e-finance authorizations will be carried out upon confirmation of business relationships)



Account assets as at

(day/month/year) _____

This confirmation provides information about individual, freely selectable accounts for your account as at the cut-off date. The confirmation includes:

- account balances incl. signing authority
- E-finance authorizations are not confirmed.

Issuing fee (incl. VAT)

Flat rate of CHF 50

Confirmation for:

- All accounts
- only accounts listed

For checking purposes, please list your business and savings accounts/e-savings accounts

- according to enclosed list

Account for debit

Comments

Signatures according to power of attorney form

Location _____ Date _____

Signature _____ Signature _____

Last name _____ Last name _____

First name _____ First name _____

