

Power of attorney regulations credit card and prepaid card account for natural persons



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

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.

Card account

(Card account starts with "800")

Postal account/IBAN

Customer

☐ Mr

☐ Ms

Last name

First name

Street, no.

Postcode

Location

Country

The Customer grants the person specified below the legally binding authority to represent him vis-à-vis PostFinance or the PostFinance Card Center. In particular, the Authorized Person(s) is/are entitled to dispose of the assets held at PostFinance in the Customer's name on the credit card account and to submit other legally binding declarations. The signatures and all declarations and actions of the authorized person are binding on the grantor of the power of attorney. The power of attorney does not lapse with the death, loss of legal capacity or bankruptcy of the Customer. It remains in force until PostFinance receives notice in writing that it has been revoked (Art. 35 Swiss Code of Obligations). This power of attorney is subject to Swiss law exclusively. The place of jurisdiction is based on the statutory provisions. If these are not applied, the sole place of jurisdiction for all proceedings is Berne. Berne is also the place of performance and place of debt collection for customers not domiciled in Switzerland.

Authorized person 1

Signature ☐ sole

☐ Mr

☐ Ms

Last name

First name

Nationality ☐ CH other

Relationship to customer

Date of birth

Authorized person should sign within the box

Authorized person 2

Signature ☐ sole

☐ Mr

☐ Ms

Last name

First name

Nationality ☐ CH other

Relationship to customer

Date of birth

Authorized person should sign within the box

Authorized person 3

Signature ☐ sole

☐ Mr

☐ Ms

Last name

First name

Nationality ☐ CH other

Relationship to customer

Date of birth

Authorized person should sign within the box



The current power of attorney regulations should be treated as follows:

- ☐ All current powers of attorney are to be deleted
- ☐ Only the power of attorney of the following person(s) is to be deleted

Last name	_____	First name	_____	Date of birth	_____
Last name	_____	First name	_____	Date of birth	_____

The Customer confirms the authenticity of the above signatures and acknowledges the powers of attorney that have been granted.

Location	_____	Date	_____
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Signature	┌	┐
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Please send the form to: PostFinance Ltd, Card Center, Eternitstrasse 3a, 8870 Niederurnen

