Power of attorney regulations for natural persons

Hints for filling in the form



for natural pers Power of attorn	ey regulations (excluding e-trading, i	retirement sovi	ngs account 3a	rested benefits account. life insurar	nce,
	it card, personal loan and property c				
Partner number			Order number*		
* optional information 1. Customer d					
1. Customer u	ettais		and details	for partner relationship	
Mr	🗙 Ms		Mr	Ms	
Last name	Muster		Last name		
First name	Petra		First name		
Street	Thunstrasse	No. 12	Street		No.
Postcode	3123		Postcode		
Location	Belp		Location		
Country Date of birth	CH 18.02.1960		Country Date of birth		
	18.02.1960		Date of birth		
2. Scope	uthorizes the person below to be the				
circumstances, the principal, in submitted and r egulations do r (Art. 35 CO). It r authorize other	and to submit other legally binding at to terminate the business relationsh icluding for any period prior to the gr measures taken by the authorized re not expire on the death, declaration emains in force until PostFinance rec communication channels to revoke ny details change, the principal or au	ip. The authori: anting of the properties of the pro- presentative a of presumed do ceives written r it at that point	zed representative ower of attorney. re binding for the eath, loss of capa evocation thereof in time. The princi	a has the same right to information The signatures as well as all declar principal. The power of attorney city to act or bankruptcy of the prin , provided that PostFinance does n pal confirms that the details provide	as ations ncipal not ed
3. Data protec					
	ormation on data protection at post onfirms that they are authorized to di			orized representative to PostFinan	ice.
If requested by	PostFinance, the principal must prov to the further processing of their date	/ide appropriat	e proof that the a	uthorized representative consents	to said
General Privacy	Policy (postfinance.ch/dps).	-,,			
	ttorney regulations apply:				
	e business relationship, including f following account/custody accoun		and services or		
,	/			/	
Authorized Repre	sentative 1 Signature 🗙 sole*	collective			
	* Linless otherwise indicater			-	
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The authorization governs the representation of the business relationship between the Customer and PostFinance Ltd.

Please fill in clearly and completely

Please fill in the specified fields in easy-to-read block capitals with a blue or black felt-tip or ballpoint pen. Check that all fields are complete and that the required information is included. PostFinance will unfortunately not be able to accept incomplete or incorrectly filled in power of attorney regulations.

Authorized representatives

Enter the details of the authorized representatives in the fields "Authorized Representative 1" to "Authorized Representative 3". The relevant persons should sign in the signature field on the right. Take particular note of the following points:

- Indicate the relationship between the authorized representative and the customer in the relationship field. Examples: "father", "mother", "brother", "sister", "son", "daughter", etc.
- Please indicate whether the authorized representative has individual or collective (joint) signatory power. If no information is provided, the individual signing right is granted. Note: PostFinance Cards cannot be provided to individuals with collective signature.

2 Signature(s)

The customer signs here, and in the case of minors or incapacitated persons over the age of majority, their legal representative must also sign.

3 Scope of authorization

Please indicate whether the authorization(s) granted apply/applies to the entire relationship, including future products and services, or only to specific accounts/deposits.

Minors or incapacitated persons over the age of majority: if the customer is under 18 years of age, the authorization is always granted per account/deposit and does not apply to the entire relationship or to future products and services.

Do you have any questions?

We would be happy to help you. Please contact your nearest PostFinance branch, your nearest Swiss Post branch or call us on +41 58 448 14 14.