

Hints for filling in the form

**Power of attorney regulations**  
for legal entities, partnerships and sole proprietorships  
(applies to holders/bodies and authorized persons with or without substitution)

Power of attorney regulations (excluding credit card and property and asset insurance) between PostFinance and the following customer:

Partner number\* \_\_\_\_\_ Order number\* \_\_\_\_\_  
\* optional information

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**1. Customer details**

Company/Name: **Muster Ltd**

Street (domicile/head office): **Thunstrasse** No. **12**

Postcode: **3123**

Location: **Belp**

Country: **CH**

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**2. Scope**

The customer, acting through the person(s) authorized to represent them (e.g. body, owner, proxy, etc.), authorizes the following person(s) to legally represent them vis-à-vis PostFinance. In particular, the authorized representative is entitled to access the assets invested at PostFinance and the associated services in the name of the customer, to submit other legally binding statements, to subscribe to certain new services and potentially end the business relationship. The authorized representative has the same right to information as the customer, including for any period prior to the granting of the power of attorney. The authorized representative may also issue sub-authorizations to third parties (known as e-rights) in e-finance. The signatures as well as all declarations submitted and measures taken by the authorized representative are binding for the customer. The power of attorney regulations do not expire on the death, declaration of presumed death, loss of capacity to act or bankruptcy of the customer (Art. 35 CO). It remains in force until PostFinance receives written revocation thereof, provided that PostFinance does not authorize other communication channels to revoke it at that point in time. The customer confirms that the details provided are correct. If any details change, the customer or authorized representative must inform PostFinance of the changes immediately.

**Authorized Representative 1**     Ms     Mr

Last name: **Brand**

First name: **Maria**

Street: **Thunstrasse** No. **18**

Postcode: **3123**    Location: **Belp**

Country: **CH**

Date of birth: **12.02.1966**

Function: **Accountant**

Nationality:  CH    other \_\_\_\_\_

**1** The power of attorney arrangement applies:

for this business relationship, including future products and services

or

only to the following account/custody account number

\_\_\_\_\_

or

only for account/custody account numbers as per the list enclosed

**4** Type of signature (only 1 selection possible)

sole     collective

collective group A\*\*     collective group B\*\*

**6** Substitute power of attorney (optional)

By selecting this option, the authorized representative is granted powers of representation in accordance with the above scope. They may also authorize other persons.

**3** The authorized representative should sign within the box

**1** 00270\_06 EN PF 0004530

**4** For information on data protection, see point 4.

**The authorization governs the representation of the business relationship between the Customer and PostFinance.**

**Please complete legibly and in full**  
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.

**1 Scope of authorization**  
Please indicate whether the power of attorney regulations apply to this business relationship, including future products and services, or only to individual account/custody account numbers. You can record the account/custody account numbers in a separate list.

**2 Separate list with account/custody account numbers**  
You can compile a separate list yourself, and you must submit it together with the authorization. The list must contain the account/custody account numbers. If you are choosing several authorized representatives, it must also be clear which persons the list applies to. Please ensure the list has a valid date and signature.

**3 Function**  
In this field, please enter the function in which the authorized representative works for the customer. Examples: "accountant", "administrative assistant", "cashier", etc

**4 Type of signature**  
Please indicate whether the authorized representative has individual or collective (joint) signatory power. Individuals with collective signatory power can also be divided up into groups if you wish. Authorized signatories in the same group cannot have joint signatory power. Please note that PostFinance Cards cannot be provided to individuals with collective signatory power.

**5 Signature of authorized representative**  
The authorized person signs using his/her official signature here (no VISA, initials etc.)

**6 Substitute power of attorney**  
By selecting this option, the authorized representative is granted the same rights as the authorized representatives acting on behalf of the customer. This means that, having substitution rights, the authorized representative can also authorize other individuals.

**7 Signature(s)**  
This is where the legal representatives of the company/society/association sign. Two valid signatures are required for joint signatory powers.

**5. Signature(s) / Acknowledgement of power of attorney**

The Customer confirms the authenticity of the signatures provided above and recognizes the authorizations granted.

Location: **Belp**

Date: **25.06.2024**

Signature\* \_\_\_\_\_

Last name: **Muster**

First name: **Petra**

Location: **Belp**

Date: **25.06.2024**

Signature\* \_\_\_\_\_

Last name: **Kälin**

First name: **Luca**

\* Signature of the person(s) authorized to represent the company (e.g. owner, body, proxy, etc.). Two signatures are required for collective signing.

**Please send the form to:** PostFinance Ltd, Scan Center, 3002 Bern

**Do you have any questions?**  
We would be happy to help. Call us on 0848 888 900 (standard rate).