

Hints for filling in the form

**Range of services for natural persons**

Partner number\* \_\_\_\_\_ Order number \_\_\_\_\_

**Customer details**

Customer	Other customers (for partner relationship)
<input type="checkbox"/> Mr <input checked="" type="checkbox"/> Ms	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> same address as customer 1
Name <b>Mustert</b>	Name _____
First name <b>Petra</b>	First name _____
Street <b>Thunstrasse No. 12</b>	Street _____ No. _____
Postcode <b>3123</b>	Postcode _____
Location <b>Belp</b>	Location _____
Country <b>CH</b>	Country _____
Date of birth <b>18.02.1960</b>	Date of birth _____
Nationality <input checked="" type="checkbox"/> CH	Nationality <input type="checkbox"/> CH
Residence permit other _____	Residence permit other _____
Telephone (home) <b>031 990 12 10</b>	Telephone (home) _____
Telephone (work) <b>031 990 12 12</b>	Telephone (work) _____
E-mail _____	E-mail _____
Profession <b>Commercial Assistant</b>	Profession _____
Employer <b>Mustermann Ltd, Bern</b>	Employer _____
Gross annual income <input type="checkbox"/> CHF 0 – CHF 29,999	Gross annual income <input type="checkbox"/> CHF 0 – CHF 29,999
<input type="checkbox"/> CHF 30,000 – CHF 74,999	<input type="checkbox"/> CHF 30,000 – CHF 74,999
<input checked="" type="checkbox"/> CHF 75,000 – CHF 149,999	<input type="checkbox"/> CHF 75,000 – CHF 149,999
<input type="checkbox"/> CHF 150,000 – CHF 249,999	<input type="checkbox"/> CHF 150,000 – CHF 249,999
<input type="checkbox"/> CHF 250,000 and over	<input type="checkbox"/> CHF 250,000 and over

Details on the occupation, employer and gross annual income are always required to open a new account.

Language of correspondence  G  F  I  E

**1**  I am already a customer and use the following products/services:  
Account number/IBAN \_\_\_\_\_

I am not yet a customer.

**2** **Other correspondence address\***

Mr  Ms

Name \_\_\_\_\_ First name \_\_\_\_\_

Street \_\_\_\_\_ No. \_\_\_\_\_ P.O. Box \_\_\_\_\_

Postcode \_\_\_\_\_ Location \_\_\_\_\_

Country  CH other \_\_\_\_\_

**Choice of service**

**Banking package**

Smart  SmartPlus

**Delivery of account documents**

Paper option

Debiting fees \_\_\_\_\_ to an existing account/IBAN \_\_\_\_\_  
 to a new account

0014\_00/EN/PF\_000042/00

**The services form is intended to help with selecting PostFinance services.**

**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 unfortunately cannot accept incomplete or incorrectly filled in forms for power of attorney regulations.

**1 Personal details**  
Due to regulatory requirements, PostFinance is obliged to obtain additional information from the customer when entering into a new business relationship. Please complete the information on your occupation, employer and gross annual income in full. If the information is missing, the requested account cannot be opened.

**2 You are already a PostFinance customer**  
Indicate which services you already use and fill in the account numbers.

**3 Account directory**  
Please mark here if we may publish your account in the non-public account directory. Only employees of Swiss Post branches may consult master data (comprising last name, first name, place of residence, account number and account currency) in the account directory in order to simplify payment transactions.

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

**Information**  
For information on fees, commissions and expenses, please refer to the brochure "Services and prices for business customers", or visit [postfinance.ch](https://postfinance.ch).

**Account for payment transactions**

**Currency**  CHF  EUR  \_\_\_\_\_ **Overdraft option\***  yes  no

**3 PostFinance Card**  in the name of customer 1  in the name of customer 2

**Services**  The account number may be published in the account directory which is not publicly available

\* PostFinance may grant an overdraft limit in accordance with its current GTC. The amount of the overdraft limit can be redefined by PostFinance on an ongoing basis (usually monthly), taking into account in particular the customer's creditworthiness.

**Savings account**

**Currency**  CHF  EUR

**Card**  I would like an account card  in the name of customer 2

in the name of customer 1  I would like to access my savings account with my PostFinance Card (applies only to withdrawals at Postomats)

**E-finance for online account management**

E-finance (new subscription)

With a user, in the name of \_\_\_\_\_ Customer 1  Customer 2

With two users (for partner relationship)

Activate the newly opened accounts/custody accounts with the current e-finance subscriber number No. \_\_\_\_\_

**Data protection**

You can find information on data protection at [postfinance.ch/data-protection](https://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](https://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](https://postfinance.ch/dps)).

**Comments**

\_\_\_\_\_

\_\_\_\_\_

Location **Belp** \_\_\_\_\_ Location \_\_\_\_\_

Date **25.10.2024** \_\_\_\_\_ Date \_\_\_\_\_

**4**

Signature of customer 1 \_\_\_\_\_ Signature of customer 2\* \_\_\_\_\_

\* Signature of the legal representative if Customer 1 is a minor or an adult incapable of acting.

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

**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.