

Hints for filling in the form

Range of services
for legal entities, partnerships and sole proprietorships

PostFinance

Partner number* _____ For internal purposes:
* optional information START-UP (do not tick)

Customer data

Customer

Company/Name **Sample Ltd**
Street/No. (Domicile) **Thunstrasse 12**
Postcode **3123** Location **Belp**
Website **www.sampleltd.ch**
Country **CH** No. of employees **8**

Sector/main activity **Textiles**
Entry in commercial register yes no Type of company **Ltd**
Annual turnover CHF CHF 0 – CHF 99'999 CHF 1 m – CHF 2.49 m
 CHF 100'000 – CHF 499'999 CHF 2.5 m – CHF 4.99 m
 CHF 500'000 – CHF 999'999 CHF 5 m and more

Authorized contact person **Muster Peter**
Function **Managing Director**
Telephone number **031 921 12 12** E-mail* **peter.muster@sampleltd.ch**
Language of correspondence G F I E
 We are already a customer and have the following
Partner number _____ Account number _____
 We are not yet customers.

Other correspondence address*

Company/Name _____
Street/No. (Domicile) _____ P.O. Box _____
Postcode _____ Location _____
Country CH other _____

Choice of Service

1 Account for payment transactions

1 Currency CHF EUR _____
2 Additional description _____
Advice type electronically via e-finance PDF paper
Advice frequency weekly quarterly bimonthly monthly event-oriented

3 PostFinance Card Direct (individual signing authority required)
in the last/first name of _____
Date of birth _____ Nationality _____
in the last/first name of _____
Date of birth _____ Nationality _____

4 PostFinance Card Pay (subject to a charge)
Paying-in card for cash deposits to your own account We would like to order _____ (number) cards

5 Services
 The account number may be published in the PostFinance online account directory

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

Please complete legibly and in full.
Please write in clearly legible block capitals, keep within the fields, and use a black or blue felt pen or ballpoint pen. Please check that all the fields are complete and that the necessary details have been added.

1 Account for payment transactions
Please indicate the currency in which the account should be operated.

CHF	Swiss franc	GBP	Pound sterling
EUR	Euro	JPY	Japanese yen
AUD	Australian dollar	NOK	Norwegian krone
CAD	Canadian dollar	SEK	Swedish krone
DKK	Danish krone	USD	US dollar

2 In addition to the account name you may enter an additional name.

3 PostFinance Card Direct
Sole signing authority is required for a PostFinance Card Direct (only possible for accounts in CHF and EUR).

4 PostFinance Card Pay
PostFinance Card Pay (only available for CHF and EUR accounts) is not personalized and can also be handed to persons with no sole signing authority.

5 Account directory
Please mark here if we may publish your account in the account directory. Only companies registered with us 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 with you.

6 Signature(s)
Persons authorized to sign on behalf of the company/ association or authorized representatives (subject to power of attorney regulations) should sign here. For collective signatures, two legally binding signatures are required.

Please note
PostFinance Ltd reserves the right to refuse to provide the requested products/services. For information on prices please see the brochure entitled "Prices and conditions for business customers and associations" or visit our website www.postfinance.ch.

Do you have any questions?
If you have any questions about filling in the form, please contact your nearest PostFinance branch or post office or call us on 0848 888 700 (regular rate).

E-finance for online account management

New registration for e-finance > standard solution
The e-finance service is to be opened for the following users with the following signing powers:

User 1
Last name **Muster** First name **Peter**
Nationality **CH** Date of birth **15.10.1960**
Function _____ sole collective

User 2
Last name **Brand** First name **Markus**
Nationality **CH** Date of birth **12.02.1966**
Function _____ sole collective

New registration for e-finance > customized solution
The customer advisor will contact the regarding individual details to be defined such as other authorized signatories, other users, authorizations, salary payments, creditors, debtors, order documents, electronic account documents and custody account, etc.

E-finance subscription exists
Add newly opened account to existing e-finance subscriber number. No. _____
You will be contacted by PostFinance over the next few days so that all the users you require can manage the account you have just opened in e-finance.

Telephone advice/information

I would like information about the following payment solutions Debtors Creditors
Last name _____ First name _____
Telephone number _____ Preferred time _____
regarding _____
Comments _____

Date **05.03.2021**

Customer's signature* _____ Customer's signature* _____
P. Muster **6** *J. Gerber* **6**

Last name **Muster** Last name **Gerber**
First name **Peter** First name **Luzia**

* Signature of the holder/body or authorized person. Two signatures are required for joint signatory powers.