

# Cancellation of COVID-19 credit limit

Company \_\_\_\_\_

Name of applicant (person) \_\_\_\_\_

Street, no. \_\_\_\_\_

Postcode, town \_\_\_\_\_

Company ID no. \_\_\_\_\_

IBAN \_\_\_\_\_

Current loan amount in CHF \_\_\_\_\_

Cancellation date \_\_\_\_\_

Do you want to close the business account?    Yes    No

The account is to be closed on \_\_\_\_\_

Please transfer the remaining balance to the following account:

IBAN/account number \_\_\_\_\_

Name and location of bank \_\_\_\_\_

End beneficiary / account holder \_\_\_\_\_

Location,  
date \_\_\_\_\_

Signature of  
the borrower \_\_\_\_\_

Please note that the signature must be provided in accordance with the signing rights (powers of attorney for the account) on file at PostFinance.  
Please also note the type of signing rights (individual signing right or collective signing right).

**The signed order must be submitted as a scan via e-finance or sent to the following address:  
PostFinance Ltd, Scanning Center, Mingerstrasse 20, 3014 Bern**