

Power of attorney regulations Credit card and prepaid card account

for natural persons

Regulations governing powers of attorney between PostFinance Ltd, and the following contractual partner, hereinafter referred to as the Customer:

(References to persons refer to both men and women as well as to groups of persons)

Card account _____

Postal account no. / IBAN _____

Customer

Mr Ms

Last name _____ First name _____

Street, no. _____

Postcode _____ Location _____ Country _____

The Customer grants the person specified below the legally binding authority to represent him vis-à-vis PostFinance or the PostFinance Card Center. In particular, the Authorized Person(s) is/are entitled to dispose of the assets held at PostFinance in the Customer's name on the credit card account and to submit other legally binding declarations. The signatures and all declarations and actions of the authorized person are binding on the grantor of the power of attorney. The power of attorney does not lapse with the death, loss of legal capacity or bankruptcy of the Customer. It remains in force until PostFinance receives notice in writing that it has been revoked (Art. 35 Swiss Code of Obligations). This power of attorney is subject to Swiss law exclusively. The place of jurisdiction is based on the statutory provisions. If these are not applied, the sole place of jurisdiction for all proceedings is Berne. Berne is also the place of performance and place of debt collection for customers not domiciled in Switzerland.

Card account

Authorized person 1	Signature <input type="checkbox"/> sole		
<input type="checkbox"/> Mr <input type="checkbox"/> Ms			
Last name _____			
First name _____			
Nationality <input type="checkbox"/> CH other _____			Authorized person should sign within the box
Relationship to Customer _____		Date of birth _____	

Authorized person 2	Signature <input type="checkbox"/> sole		
<input type="checkbox"/> Mr <input type="checkbox"/> Ms			
Last name _____			
First name _____			
Nationality <input type="checkbox"/> CH other _____			Authorized person should sign within the box
Relationship to Customer _____		Date of birth _____	

Authorized person 3	Signature <input type="checkbox"/> sole		
<input type="checkbox"/> Mr <input type="checkbox"/> Ms			
Last name _____			
First name _____			
Nationality <input type="checkbox"/> CH other _____			Authorized person should sign within the box
Relationship to Customer _____		Date of birth _____	



The current power of attorney regulations should be treated as follows:

- All current powers of attorney are to be deleted
- Only the power of attorney of the following person(s) is to be deleted

Last name _____ First name _____ Date of birth _____
Last name _____ First name _____ Date of birth _____

The Customer confirms the authenticity of the above signatures and acknowledges the powers of attorney that have been granted.

Location _____
Date _____ Signature _____

Please send the completed and signed form to the following address:
PostFinance Ltd, Operations Center, Molliserstrasse 41, 8759 Netstal

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