

Power of attorney regulations credit card and prepaid card account

for natural persons

Regulations governing powers of attorney between PostFinance, 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)

Credit card account number **0000 800** _____

Customer

Mr. Ms

Last name _____ First name _____

Street, no. _____

Post code _____ 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 It remains in force until PostFinance receives notice in writing that it has been revoked (Art. 35 Swiss Code of Obligations).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

The following power of attorney applies to the above-mentioned credit card account.

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

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

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

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

Name _____ First name _____ Date of birth _____

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.

Date _____ Signature _____



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