

# Power of attorney regulations for natural persons

Regulations governing powers of attorney (excluding e-trading) 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)

\* optional information

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

## Customer ①

Mr     Ms

Last name \_\_\_\_\_

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

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

Postcode \_\_\_\_\_

Location \_\_\_\_\_

Country \_\_\_\_\_

Date of birth \_\_\_\_\_

## and additional customer (for partner account) ②

Mr     Ms     same address as customer ①

Last name \_\_\_\_\_

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

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

Postcode \_\_\_\_\_

Location \_\_\_\_\_

Country \_\_\_\_\_

Date of birth \_\_\_\_\_

The customer grants the person specified below the legally binding authority to represent him vis-à-vis PostFinance. In particular the authorized person is entitled to dispose of the assets held at PostFinance in the customer's name 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 It remains in force until PostFinance receives notice in writing that it has been revoked (Art. 35 Swiss Code of Obligations).

### The following power of attorney regulations apply:

- to all current and future business relationships or
- only to the following account/custody account no.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<b>Authorized person 1</b> <input type="checkbox"/> Mr <input type="checkbox"/> Ms Last name _____ First name _____ Nationality <input type="checkbox"/> CH other _____ Date of birth _____ Exact relationship to customer _____	Signature <input type="checkbox"/> sole* <input type="checkbox"/> collective * Unless otherwise indicated, sole signing authority will be issued.	_____  _____  _____
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**Authorized person should sign within the box**

<b>Authorized person 2</b> <input type="checkbox"/> Mr <input type="checkbox"/> Ms Last name _____ First name _____ Nationality <input type="checkbox"/> CH other _____ Date of birth _____ Exact relationship to customer _____	Signature <input type="checkbox"/> sole* <input type="checkbox"/> collective * Unless otherwise indicated, sole signing authority will be issued.	_____  _____  _____
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**Authorized person should sign within the box**



<b>Authorized person 3</b>		Signature <input type="checkbox"/> sole* <input type="checkbox"/> collective	✍️	┌
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	* Unless otherwise indicated, sole signing authority will be issued.		
Last name _____				
First name _____				
Nationality <input type="checkbox"/> CH other _____				<b>Authorized person should sign within the box</b>
Date of birth _____				
Exact relationship to customer _____				

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 _____	Customer's signature 1 _____
Location _____	
Date _____	Customer's signature 2 _____

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