

Range of services

for legal entities, partnerships and sole proprietorships

Partner number* _____

* optional information

For internal purposes:

START-UP (do not tick)

Customer data

Customer

Company/Name _____

Street/no. (Domicile) _____

Postcode _____ Location _____

Website _____

Country _____ No. of employees _____

Sector/main activity _____

Entry in commercial register yes no Type of company _____

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 _____

Function _____

Telephone number _____ E-mail* _____

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

Account for payment transactions

Currency

CHF EUR _____

Additional description _____

Advice type

electronically via e-finance PDF

paper

Advice frequency

weekly bimonthly monthly

quarterly event-oriented

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 _____

PostFinance Card Pay (subject to a charge)

Paying-in card for cash deposits to your own account We would like to order _____ (number) cards

Services

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



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 _____ First name _____
Nationality _____ Date of birth _____
Function _____ sole collective

User 2

Last name _____ First name _____
Nationality _____ Date of birth _____
Function _____ sole collective

New registration for e-finance > customized solution

The customer advisor will contact me 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 _____

Customer's signature*



Customer's signature*



Last name _____

Last name _____

First name _____

First name _____

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

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For internal purposes:

Financial data

Broker _____ Locality code _____ Staff number _____

Concluding office _____ Locality code _____ Staff number _____

PF branch Post office _____

