

Power of attorney regulations

PostFinance Visa Business Account

for legal persons and partnerships

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

Company / Name _____
 Street, no. (Seat) _____
 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 It remains in force until PostFinance receives notice in writing that it has been revoked (Art. 35 Swiss Code of Obligations).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

The following power of attorney regulation applies to the aforementioned credit card account and entitles the authorized agent(s) to control the relevant assets on the PostFinance Visa Business Account, as well as to obtain information from PostFinance or the PostFinance Card Center.

Authorized person 1 Signature sole* 

Mr Ms

Last name _____


First name _____

Nationality CH other _____

Date of birth _____

Function _____

Authorized person should sign within the box

Authorized person 2 Signature sole* 

Mr Ms

Last name _____

First name _____

Nationality CH other _____

Date of birth _____

Function _____

Authorized person should sign within the box



Authorized person 3 Signature sole*

Mr Ms

Last name _____

First name _____

Nationality CH other _____

Date of birth _____

Function _____

Authorized person should sign within the box

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 power of attorney regulations form to the following address:
 PostFinance Ltd, Card Center, Molliserstrasse 41, 8759 Netstal

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