

# Basic agreement for natural persons

## Basis for all business relationships

Basic agreement between PostFinance Ltd and the following contractual partner, hereinafter referred to as the customer:  
(References to persons refer to both men and woman as well as to groups of persons)

Partner number (optional) \_\_\_\_\_

### Customer ①

☐ Mr ☐ Ms

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

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

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

Postcode \_\_\_\_\_

Location \_\_\_\_\_

Country \_\_\_\_\_

### ☐ and additional customer (for partner account)

②

☐ Mr ☐ Ms ☐ same address as customer ①

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

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

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

Postcode \_\_\_\_\_

Location \_\_\_\_\_

Country \_\_\_\_\_


**The customer confirms that he has received and taken note of the general terms and conditions and the subscriber conditions of PostFinance Ltd and acknowledges their content as legally binding for his business relationship with PostFinance Ltd. In particular, the customer confirms that he has read and accepted the confidentiality clause (application of the banking secrecy).**


The customer hereby confirms that he is the beneficial owner of the assets brought in under this contractual relationship (this includes existing as well as future accounts, products, and services that are managed under this base contract).

☐ Yes

☐ No

**In dealings with PostFinance, the following signatures are binding for current and future business relationships with PostFinance, subject to any powers of attorney that have been granted:**

<input type="checkbox"/> Mr <input type="checkbox"/> Ms ①	Signature <input type="checkbox"/> sole* <input type="checkbox"/> collective * Unless otherwise indicated, sole signing authority will be issued.		
Last name _____			
First name _____			
Nationality <input type="checkbox"/> CH other _____			
Relationship <input type="checkbox"/> Contractual partner/customer <input type="checkbox"/> other _____			
<input type="checkbox"/> Legal representative as _____			
Location _____			
Country _____			
Date of birth _____			
Date _____			
Customer should sign within the box			

<input type="checkbox"/> Mr <input type="checkbox"/> Ms ②	Signature <input type="checkbox"/> sole* <input type="checkbox"/> collective * Unless otherwise indicated, sole signing authority will be issued.		
Last name _____			
First name _____			
Nationality <input type="checkbox"/> CH other _____			
Relationship <input type="checkbox"/> Contractual partner/customer <input type="checkbox"/> other _____			
<input type="checkbox"/> Legal representative as _____			
Location _____			
Country _____			
Date of birth _____			
Date _____			
Customer should sign within the box			

