15 EN PF 0000008.00

Power of attorney regulations for natural persons



Hints for filling in the form

Partner number (ir 1. Kundenanga	nternal)					
1. Kundenanga			_			
	ben					
			and d	etails for	partner relationship	
⊠ Mr	☐ Ms		☐ Mr		Ms	
Last name	Muster		Last name			
First name	Peter		First name			
Street	Thunstrasse	No. 12	Street		N	lo
Postcode 3123	Location Belp		Postcode	L	ocation	
Country	СН		Country	_		
Date of birth	18.02.1960		Date of bi	irth		
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rne current	power of attorney regulation	ons should be treated	d as follows:				
☐ All curre	nt powers of attorney are to	o be deleted					
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	power of attorney of the fo	ollowing person(s) is	to be delete	ed			
Last nam	ne	First na	ame			Date of birth	
Last nam	ne	First na	ame			Date of birth	
4. Signatu	re(s)						
The custome	er confirms the authenticity	of the above signatu	ures and ack	nowledges	the powers of	attorney that have been gra	nted.
	,					,	
Date	30 07 2020						
Date	30.07.2020			·	\		
Signature	_			Signature (pa			
Signature	30.07.2020	// ol-(•	_ ¬		artnership)		-
Signature	_	lote I					
Signature	_	lote I	_ ¬				
Signature	7.17	U6H4	_ ¬			Sign within the box	-
Signature	7.17		2		L	Sign within the box	

These regulations detail the representation of the business relationship between the customer and PostFinance Ltd.*

Please complete legibly and in full

Please write in clearly legible block capitals, keep within the fields, and use a black or blue felt pen or ballpoint pen. Please check that all the fields are complete and that the necessary details have been added. A power of attorney that is incomplete or which contains mistakes cannot be accepted.

1 Authorized signatories

Please enter the details of the authorized signatories in the fields "Authorized person 1" to "Authorized person 3". The persons in question should sign to the right within the appropriate signature box. Please note the following points in particular:

- In the relationship box, please state your relationship to the customer. Examples: "Father", "mother", "brother", "sister", "son", "daughter", etc.
- Please indicate whether you wish to have sole or collective signing authority. Unless otherwise indicated, sole signing authority will be issued.
 Please note: A PostFinance Card Direct cannot be issued to persons with collective signing authority.

2 Signature(s)

The customer signs here. For minors or persons deprived of legal capacity, the legal representative/third party should sign.

3 Scope of the power of attorney

Please indicate if the power of attorney applies to all current and future business relationships or just to a specific account/custody account or accounts. Minors or persons deprived of legal capacity: If the customer is not yet 18 years old, separate powers of attorney are defined for each account /custody account rather than for all current and future business relationships.

Do you have any questions?

If you have any questions about filling in the form, please contact your nearest PostFinance branch or post office or call us on 0848 888 700 (regular rate).

* The authorization applies to accounts/custody accounts and other services. It does not apply to credit and prepaid card accounts, retirement products and mortgages.