Change of address for business customers/associations To change your address we require the details below: (Please use block capitals.)



Partner number		
	(To be completed by PostFinance)	
Company/associat	ion	
Additional descript	tion	
Previous addres	SS .	
Last name		First name
Street, no.		P.O. Box
Postcode	Location	
Country		Telephone
New address		
Last name		First name
Street, no.		P.O. Box
Postcode	Location	
Country		Telephone
The address cha	ange applies to	
	ation headquarters Address for a Commercial Register, attach relevant extractions.	or correspondence ct from the Commercial Register.
☐ All accounts/cu	stody accounts held with PostFinance (also p	artner accounts)
Only these acco	ounts/custody accounts	
Valid	\square with immediate effect \square as of	
With your signatur	re/s you confirm the accuracy of these details.	
Location		Date
Signature		Signature
		(For collective signing, two signatures are required.)
Last name		Last name
First name		First name

Please send the form to: PostFinance Ltd, Scan Center, 3002 Berne



