

Range of services for natural persons

Partner number* _____ Order number _____

Customer details

Customer ①	Other customers (for partner relationship) ②
<input type="checkbox"/> Mr <input type="checkbox"/> Ms	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> same address as customer 1
Name _____	Name _____
First name _____	First name _____
Street _____ No. _____	Street _____ No. _____
Postcode _____	Postcode _____
Location _____	Location _____
Country _____	Country _____
Date of birth _____	Date of birth _____
Nationality <input type="checkbox"/> CH	Nationality <input type="checkbox"/> CH
other _____	other _____
Residence permit _____	Residence permit _____
Telephone (home) _____	Telephone (home) _____
Telephone (work) _____	Telephone (work) _____
E-mail _____	E-mail _____
Profession _____	Profession _____
Employer _____	Employer _____
Gross annual income <input type="checkbox"/> CHF 0 – CHF 29,999	Gross annual income <input type="checkbox"/> CHF 0 – CHF 29,999
<input type="checkbox"/> CHF 30,000 – CHF 74,999	<input type="checkbox"/> CHF 30,000 – CHF 74,999
<input type="checkbox"/> CHF 75,000 – CHF 149,999	<input type="checkbox"/> CHF 75,000 – CHF 149,999
<input type="checkbox"/> CHF 150,000 – CHF 249,999	<input type="checkbox"/> CHF 150,000 – CHF 249,999
<input type="checkbox"/> CHF 250,000 and over	<input type="checkbox"/> CHF 250,000 and over

Language of correspondence G F I E

I am already a customer and use the following products/services:

Account number/IBAN _____

I am not yet a customer.

Other correspondence address*

<input type="checkbox"/> Mr <input type="checkbox"/> Ms		
Name _____	First name _____	
Street _____	No. _____	P.O. Box _____
Postcode _____	Location _____	
Country <input type="checkbox"/> CH	other _____	

Choice of service

Banking package

Smart SmartPlus

Delivery of account documents

Paper option

Debiting fees to an existing account/IBAN _____

to a new account

* optional information



Account for payment transactions

Currency

CHF EUR _____

Overdraft option¹

yes no

PostFinance Card

in the name of customer 1

in the name of customer 2

Services

The account number may be published in the account directory which is not publicly available

¹ PostFinance may grant an overdraft limit in accordance with its current GTC. The amount of the overdraft limit can be redefined by PostFinance on an ongoing basis (usually monthly), taking into account in particular the customer's creditworthiness.

Savings account

Currency

CHF EUR

Card

I would like an account card

in the name of customer 1

in the name of customer 2

I would like to access my savings account with my PostFinance Card
(applies only to withdrawals at Postomats)

E-finance for online account management

E-finance (new subscription)

With a user, in the name of

Customer 1

Customer 2

With two users (for partner relationship)

Activate the newly opened accounts/custody accounts with the current e-finance subscriber number No. _____

Data protection

You can find information on data protection at postfinance.ch/data-protection.

The Customer confirms that the details they have provided in the course of concluding this Agreement are correct. If any details change, the customer must inform PostFinance of the changes immediately.

Details on the principles and methods of data processing are set out in the PostFinance Ltd General Privacy Policy (postfinance.ch/dps). This applies in particular to the purposes of data processing, data recipient categories and data protection-related claims by the customer.

If the Customer is to disclose data concerning other people to PostFinance, the Customer confirms that they are authorized to do so and that this data is correct. If requested by PostFinance, the Customer must provide proof that these persons consent to the disclosure of their data and to the further processing of said data, and that they have been informed in advance of the PostFinance Ltd General Privacy Policy (postfinance.ch/dps).

Comments

Location _____

Location _____

Date _____

Date _____





Signature of
customer 1

Signature of
customer 2²

² Signature of the legal representative if Customer 1 is a minor or an adult incapable of acting.

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

To be completed by PostFinance

Financial data	Stamp
Concluding office _____ Locality code _____ Staff number _____	
<input type="checkbox"/> PF branch <input type="checkbox"/> Swiss Post branch <input type="checkbox"/> _____	
Additional information for opening an account for PostFinance employee	Proof of training
Staff number _____ Customer is <input type="checkbox"/> Employee	<input type="checkbox"/> submitted. Valid until _____

