

# Power of attorney regulations

## for legal entities, partnerships and sole proprietorships

(applies to holders/bodies and authorized persons with or without substitution)

Power of attorney regulations (excluding credit card and property and asset insurance) between PostFinance and the following customer:

Partner number\*

\* optional information

Order number\*

### 1. Customer details

Company/Name

Street (domicile/head office)

No.

Postcode

Location

Country

### 2. Scope

The customer, acting through the person(s) authorized to represent them (e.g. body, owner, proxy, etc.), authorizes the following person(s) to legally represent them vis-à-vis PostFinance. In particular, the authorized representative is entitled to access the assets invested at PostFinance and the associated services in the name of the customer, to submit other legally binding statements, to subscribe to certain new services and potentially end the business relationship. The authorized representative has the same right to information as the customer, including for any period prior to the granting of the power of attorney.

The authorized representative may also issue sub-authorizations to third parties (known as e-rights) in e-finance. The signatures as well as all declarations submitted and measures taken by the authorized representative are binding for the customer. The power of attorney regulations do not expire on the death, declaration of presumed death, loss of capacity to act or bankruptcy of the customer (Art. 35 CO). It remains in force until PostFinance receives written revocation thereof, provided that PostFinance does not authorize other communication channels to revoke it at that point in time. The customer confirms that the details provided are correct. If any details change, the customer or authorized representative must inform PostFinance of the changes immediately.

#### Authorized Representative 1

Ms

Mr

Last name

\_\_\_\_\_



First name

\_\_\_\_\_

Street

\_\_\_\_\_ No. \_\_\_\_\_

Postcode

\_\_\_\_\_ Location \_\_\_\_\_

Country

\_\_\_\_\_

Date of birth

\_\_\_\_\_

Function

\_\_\_\_\_

Nationality

CH other \_\_\_\_\_

**The authorized representative should sign within the box**

#### The power of attorney arrangement applies:

- for **this** business relationship, including future products and services  
or

- only** to the following account/custody account number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

or

- only** for account/custody account numbers as per the list enclosed

#### Type of signature (only 1 selection possible)

- |   |   |
|---|---|
| <input type="checkbox"/> sole                 | <input type="checkbox"/> collective           |
| <input type="checkbox"/> collective group A** | <input type="checkbox"/> collective group B** |

#### Substitute power of attorney (optional)

- By selecting this option, the authorized representative is granted powers of representation in accordance with the above scope. They may also **authorize other persons**.

**For information on data protection, see point 4.**



**Authorized Representative 2** Ms Mr

Last name



First name



Street



No.

Postcode



Location

Country



Date of birth



Function



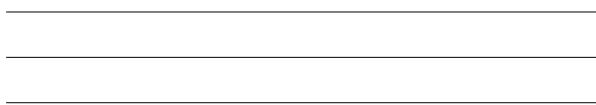
Nationality

 CH

other

**The authorized representative should sign within the box****The power of attorney arrangement applies:** for **this** business relationship, including future products and services

or

 **only** to the following account/custody account number

or

 **only** for account/custody account numbers as per the list enclosed**Type of signature** (only 1 selection possible) sole collective collective group A\*\* collective group B\*\***Substitute power of attorney (optional)** By selecting this option, the authorized representative is granted powers of representation in accordance with the above scope. They may also **authorize other persons**.**For information on data protection, see point 4.****Authorized Representative 3** Ms Mr

Last name



First name



Street



No.

Postcode



Location

Country



Date of birth



Function



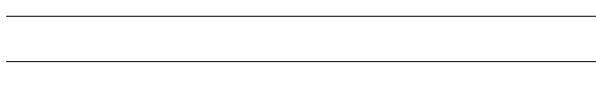
Nationality

 CH

other

**The authorized representative should sign within the box****The power of attorney arrangement applies:** for **this** business relationship, including future products and services

or

 **only** to the following account/custody account number

or

 **only** for account/custody account numbers as per the list enclosed**Type of signature** (only 1 selection possible) sole collective collective group A\*\* collective group B\*\***Substitute power of attorney (optional)** By selecting this option, the authorized representative is granted powers of representation in accordance with the above scope. They may also **authorize other persons**.**For information on data protection, see point 4.**

\*\* If required, collectively authorized persons may be divided up into groups. This means persons from group A can only sign with persons from group B or persons not categorised into any group.



### 3. Remove power of attorney

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

Once the authorization is cancelled, **any e-finance authorization is also cancelled, as is any PostFinance Card.**

### 4. Data protection

You can find information on data protection at [postfinance.ch/data-protection](http://postfinance.ch/data-protection).

The customer confirms that they are authorized to disclose data concerning the authorized representative to PostFinance. If requested by PostFinance, the customer must provide appropriate proof that the authorized representatives consent to said disclosure and to the further processing of their data, and that they have been informed in advance of the PostFinance Ltd General Privacy Policy (postfinance.ch/dps).

### 5. Signature(s) / Acknowledgement of power of attorney

The Customer confirms the authenticity of the signatures provided above and recognizes the authorizations granted.

Location	Location
Date	Date



Signature*	_____	_____	_____
Last name	_____	_____	_____
First name	_____	_____	_____

\* Signature of the person(s) authorized to represent the company (e.g. owner, body, proxy, etc.).

Two signatures are required for collective signing.

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

