

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* _____ Order number* _____
* optional information



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	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr
Last name	_____	
First name	_____	
Street	_____ No. _____	
Postcode	_____ Location _____	
Country	_____	
Date of birth	_____	
Function	_____	The authorized representative should sign within the box
Nationality	<input type="checkbox"/> CH other _____	
The power of attorney arrangement applies:		Type of signature (only 1 selection possible)
<input type="checkbox"/> for this business relationship, including future products and services		<input type="checkbox"/> sole <input type="checkbox"/> collective
or		<input type="checkbox"/> collective group A** <input type="checkbox"/> collective group B**
<input type="checkbox"/> only to the following account/custody account number	_____ _____ _____	Substitute power of attorney (optional)
or		<input type="checkbox"/> By selecting this option, the authorized representative is granted powers of representation in accordance with the above scope. They may also authorize other persons .
<input type="checkbox"/> only for account/custody account numbers as per the list enclosed		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.

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* _____

Signature* _____

Last name _____

Last name _____

First 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

