

Account to be closed

IBAN / Account number _____

IBAN / Account number _____

Closure as at instant Date _____

Transfer of remaining balance (applies to all listed accounts)

IBAN beneficiary account _____

Target currency CHF EUR Other currency _____

Final beneficiary First name, last name or company _____

Country CH Other country _____

Postcode _____

Location _____

Name and location of bank* _____

SWIFT / BIC* _____

* Information for international transfers mandatory

Reason for termination

- | | |
|--|---|
| <input type="checkbox"/> Pricing / prices | <input type="checkbox"/> interest rates / interest rate limit |
| <input type="checkbox"/> Inactive account (is not used) | <input type="checkbox"/> Several accounts: merge |
| <input type="checkbox"/> Switch to another financial institution | <input type="checkbox"/> Dissolution of company or association |
| <input type="checkbox"/> Inadequate service | <input type="checkbox"/> General dissatisfaction with PostFinance |
| <input type="checkbox"/> Personal reasons: marriage / separation | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Other reasons, which: _____ | |

Location _____ Location _____

Date _____ Date _____



Signature** L Signature** L

Last name _____ Last name _____

First name _____ First name _____

** Signature of the holder, body or authorized person.
Two signatures are required for joint signatory powers.

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

