

## 1. Preconditions and conditions

The applicant

- resides in Switzerland or Liechtenstein (country of residence);
- has a private account in CHF with PostFinance;
- is at least 12 years of age.

You can find a list of conditions at [postfinance.ch/creditcard](http://postfinance.ch/creditcard)

## 2. Choice of card

Mastercard® Value with the following design:

Standard  Jeans



## 3. Personal details

Last name	_____	Private account number	_____
First name	_____	Date of birth	_____
Street, no.	_____	Nationality	_____
Postcode	_____	Residence permit <sup>1</sup>	_____
Location	_____		

<sup>1</sup> Please enclose a copy of your residency permit.

## 4. Personal details of the legal representative (compulsory for minors)

Last name	_____	Date of birth	_____
First name	_____	Nationality	_____
<input type="checkbox"/> Same address as the applicant		Street, no.	_____
Postcode	_____	Location	_____
Relation to the applicant <sup>2</sup>	_____		

<sup>2</sup> Legal representative's relation to the applicant (e.g. mother, father, etc.)

## 5. Establishment of the beneficial owner

The applicant hereby confirms that the beneficial owner(s) of the assets brought in under this contractual relationship is/are the holder(s) of the related PostFinance account.

Yes  
 No

## 6. Payment authorization for initial loading

By signing this document, I authorize PostFinance to make a one-off debit for the amount below from my PostFinance account on issuing the Mastercard Value and to transfer it to my card. **The amount must be available until it is debited from the PostFinance account. If the account has insufficient funds, the card will not be issued.**

Initial loading:

CHF 100  CHF \_\_\_\_\_

Amount cannot be less than CHF 100 or more than CHF 5,000.



## 7. Contact details

For queries, you can contact me at:

Mobile number \_\_\_\_\_ E-mail \_\_\_\_\_

I want to receive tips and offers. PostFinance may use my contact details for marketing purposes.

I acknowledge that when sending e-mail and SMS messages, the confidentiality of contents and compliance with bank client confidentiality cannot be guaranteed. I am free to withdraw this consent at any time. More information is available at [www.postfinance.ch/data-protection](http://www.postfinance.ch/data-protection).

## 8. Signature(s)

The applicant confirms the accuracy of the information provided in this application and will notify PostFinance of any changes to the above information on their own initiative. They declare that they have read and understood the Subscriber Conditions for PostFinance credit and prepaid cards and accept them as binding. PostFinance reserves the right to refuse the application without giving reasons.

Location \_\_\_\_\_

Date \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_


Card applicant's signature

 \_\_\_\_\_

Signature of legal representative

 \_\_\_\_\_

  
Sign within the box

  
Sign within the box

## Forgotten anything?

- Signed your card application (see point 8)?
- Minors: personal details and signature of legal representative (see points 4 and 8)?
- Persons with a residence permit: copy of residence permit enclosed (see point 3)?

**Please send application to:** PostFinance Ltd, Card Center, Eternitstrasse 3a, 8870 Niederurnen

### For internal purposes

Employee number \_\_\_\_\_  
Location code \_\_\_\_\_  
MC \_\_\_\_\_

Partner no. Main card \_\_\_\_\_  
Partner no. legal representative \_\_\_\_\_

REG  PLU  A  J  
 GR1  GR2  GR3  GR4  E

Date \_\_\_\_\_

Staff member \_\_\_\_\_

