

Registration PostFinance Card, Account card



Please use block capitals.

Personal descriptions apply equally to both men and women.

To be completed by PostFinance

Account currency CHF EUR

Swiss Post account no. _____

Partner number _____

1. Contractual partner

Company/association _____
Last name _____ First name _____
Date of birth _____ Telephone _____
Street, no _____ P.O. Box _____
Postcode _____ Location _____
Country _____
Nationality CH _____

2. Card application

Cards will be issued only to people with individual signing authority.

With the PostFinance Card, you can shop without cash, pay for petrol and make payments online, and also withdraw cash at home and abroad. The card can be used anywhere where you see the PostFinance or Mastercard logo.

PostFinance Card (for postal accounts in CHF)

Last name _____ First name _____
Date of birth _____ Nationality CH _____
Access to saving account for cash withdrawals using the PostFinance Card at Postomats requested: yes no

Last name _____ First name _____
Date of birth _____ Nationality CH _____
Access to saving account for cash withdrawals using the PostFinance Card at Postomats requested: yes no

Last name _____ First name _____
Date of birth _____ Nationality CH _____
Access to saving account for cash withdrawals using the PostFinance Card at Postomats requested: yes no

Last name _____ First name _____
Date of birth _____ Nationality CH _____
Access to saving account for cash withdrawals using the PostFinance Card at Postomats requested: yes no

PostFinance Card in EUR (for postal accounts in EUR)

Last name _____ First name _____
Date of birth _____ Nationality CH _____
Access to saving account for cash withdrawals using the PostFinance Card at Postomats requested: yes no

Last name _____ First name _____
Date of birth _____ Nationality CH _____
Access to saving account for cash withdrawals using the PostFinance Card at Postomats requested: yes no



Account card (for the savings account in CHF or EUR)

The Account card can be used only at Postomats and post offices in Switzerland.

Last name	_____	First name	_____
Date of birth	_____ Nationality	<input type="checkbox"/> CH	<input type="checkbox"/> _____
Last name	_____	First name	_____
Date of birth	_____ Nationality	<input type="checkbox"/> CH	<input type="checkbox"/> _____

Please enclose an additional registration form for other card holders.

3. Comments



4. Mailing address

Please send the cards to:

Address noted under point 1 (contractual partner)

to the following address _____

You can view the Subscriber Conditions for the physical and digital PostFinance Cards at www.postfinance.ch/legal-information. The Conditions will also be sent to the card holder along with the corresponding card. They are deemed to have been accepted the first time the card is used.

Location	_____	Location	_____
Date	_____	Date	_____
	┌		┌

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

* For collective signatures, two signatures are required from the executive bodies/owners or authorized representatives.

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

