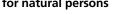
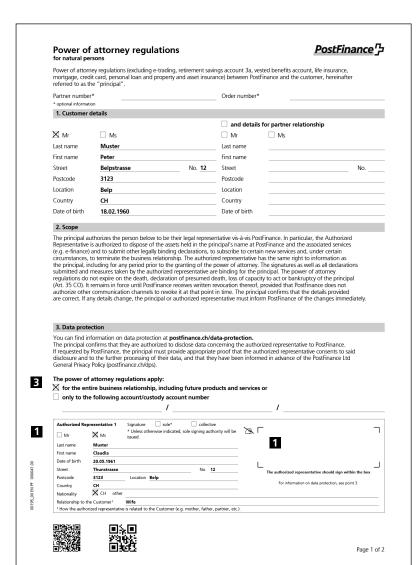
Power of attorney regulations for natural persons



Hints for filling in the form



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	t powers of attorney are to be power of attorney of the follow				
		ving person(s) is to be de	etea		
Last nar					
First nar	ne		Date of birth		
Last nar	ne				
First nar	First name		Date of birth		
The Custome	e(s) / Acknowledgement of er confirms the authenticity of t				
_	er confirms the authenticity of t			the authorizations grante e (for partner relationship)	
The Customer Customer sig Location	r confirms the authenticity of the nature Belp 25.06.2024		Customer signature		
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The Customer Customer sig Location Date	r confirms the authenticity of the nature Belp 25.06.2024		Customer signature Location Date		



The authorization governs the representation of the business relationship between the **Customer and PostFinance Ltd.**

Please fill in clearly and completely

Please fill in the specified fields in easy-to-read block capitals with a blue or black felt-tip or ballpoint pen. Check that all fields are complete and that the required information is included. PostFinance will unfortunately not be able to accept incomplete or incorrectly filled in power of attorney regulations.

1 Authorized representatives

Enter the details of the authorized representatives in the fields "Authorized Representative 1" to "Authorized Representative 3". The relevant persons should sign in the signature field on the right. Take particular note of the following points:

- Indicate the relationship between the authorized representative and the customer in the relationship field. Examples: "father", "mother", "brother", "sister", "son", "daughter", etc.
- Please indicate whether the authorized representative has individual or collective (joint) signatory power. If no information is provided, the individual signing right is granted. Note: PostFinance Cards cannot be provided to individuals with collective signature.

2 Signature(s)

The customer signs here, and in the case of minors or incapacitated persons over the age of majority, their legal representative must also sign.

Scope of authorization

Please indicate whether the authorization(s) granted apply/applies to the entire relationship, including future products and services, or only to specific accounts/deposits.

Minors or incapacitated persons over the age of majority: if the customer is under 18 years of age, the authorization is always granted per account/deposit and does not apply to the entire relationship or to future products and services.

Do you have any questions?

We would be happy to help you. Please contact your nearest PostFinance branch, your nearest Swiss Post branch or call us on 0848 888 700 (standard rate).