

Reply form

Account number _____
Partner number _____

Personal details for the correspondence address

Ms Mr
First name _____
Last name _____
Company name _____
Street _____ No. _____
Postcode _____ Location _____
Telephone _____
Date of birth _____
Nationality _____

I am already a customer and have the following account(s).

Comments

Location _____
Date _____



Signature _____
Last name _____
First name _____

Please select the items that apply to you, if required

- Please send me the account opening documents for a new postal account in my name.
- Please send me the account opening documents for a new savings account in my name.
- Please use the address above as the correspondence address.
- I am closing the account(s) and will use the account closure form or will send an order to close the account in writing.

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

