

INFORMATION FOR TRUSTS

T

1 – INFORMATION ABOUT THE CONTRACTUAL PARTNER

 First name(s), last name(s)/Company (applicant/contractual partner)

 Reference no./Basic account no.

 Street/No. (domicile address)

 Zip code

 Town

 Country (state)

Pursuant to Article 41 of the Agreement on the Swiss banks' code of conduct with regard to the exercise of due diligence (CDB) and/or Article 40 of the VQF Regulation, the undersigned hereby declare(s) that they are a trustee or a member of the highest supervisory body of an underlying entity of a trust with the name:

 Name of the company

and, in this capacity, to the best of their knowledge, provide(s) the following information to Swisscard AECS GmbH:

1. Information about the trust::

a) Type of trust:

Discretionary trust

or

Non-discretionary trust

b) Revocability:

Revocable trust

or

Non-revocable trust

2. Information about the (actual economic, not fiduciary) settlor of the trust (individual(s) or entity/-ies):

 First name(s), last name(s)/Company

 Street/No. (actual domicile address)

 Zip code, town, country (state)

 Date(s) of birth

 Nationality

 Date of death (if deceased)

In the case of a revocable trust: Does the settlor have the right to revoke the trust?

Yes

No

2 – FORMATION OF THE TRUST

3. If the trust resulted from the restructuring of a pre-existing trust (re-settlement) or the merger of pre-existing trusts, the following information about the (actual, not fiduciary) settlor(s) of the pre-existing trust(s) must be provided:

 First name(s), last name(s)/Company

 Street/No. (actual domicile address)

 Zip code, town, country (state)

 Date(s) of birth

 Nationality

 Date of death (if deceased)



3 – THE BENEFICIARIES

4. Information

a) about the beneficiary/-ies named at the time of the signing of this form:

First name(s), last name(s)/Company

Street/No. (actual domicile address)

Zip code, town, country (state)

Date(s) of birth

Nationality

Has/Have the beneficiary/-ies an actual right to claim dividends?

Yes

No

b) and in addition to named beneficiaries or if there is/are no named beneficiary/-ies pertaining to (a) group(s) of beneficiaries (e.g. descendants of the settlor) known at the time of the signing of this form:

4 – OTHER PEOPLE

5. Information about the protector(s) and other persons who have a right of revocation with respect to the trust (in the case of revocable trusts) or who have the right to name the trustee of a trust:

a) Information about the protector(s)

First name(s), last name(s)/Company

Street/No. (actual domicile address)

Zip code, town, country (state)

Date(s) of birth

Nationality

In the case of a revocable trust: Does the protector have the right to revoke the trust?

Yes

No

b) Information about other persons who have the right of revocation or the right to name the trustee:

First name(s), last name(s)/Company

Street/No. (actual domicile address)

Zip code, town, country (state)

Date(s) of birth

Nationality

In the case of a revocable trust: Does the protector have the right to revoke the trust?

Yes

No



5 – SIGNATURES

The undersigned certify(ies) that they are authorized to open a credit card account for the above-named trust or its underlying entity

The applying company/the contractual partner is obligated to inform the card issuer of any changes. Deliberately providing false information on this form is a criminal offense (article 251 of the Swiss Criminal Code, document forgery).

Town _____	Date
First name and last name (in block capitals)	
Legally binding signature according to the commercial register, articles of incorporation or equivalent documents or power of attorney form	
<div style="border: 1px solid black; height: 40px; width: 100%; display: flex; justify-content: flex-end; align-items: center; padding-right: 10px;"></div>	
Signature	

Town _____	Date
First name and last name (in block capitals)	
Legally binding signature according to the commercial register, articles of incorporation or equivalent documents or power of attorney form	
<div style="border: 1px solid black; height: 40px; width: 100%; display: flex; justify-content: flex-end; align-items: center; padding-right: 10px;"></div>	
Signature	



INSTRUCTIONS FOR FILLING OUT FORM T

NO changes or corrections may be made on Form T.

A copy of the currently valid personal ID document (e.g. passport or identity card) of all the natural persons listed below must be enclosed with Form T; a simple (**not** certified) copy is sufficient.




INFORMATION FOR TRUSTS T

1 – INFORMATION ABOUT THE CONTRACTUAL PARTNER

First name(s), last name(s)/Company (applicant/contractual partner) _____ Reference no./Basic account no. _____
 Street/No. (domicile address) _____ Zip code _____ Town _____
 Country (state) _____

Pursuant to Article 41 of the Agreement on the Swiss banks' code of conduct with regard to the exercise of due diligence (CDB) and/or Article 40 of the VQF Regulation, the undersigned hereby declare(s) that they are a trustee or a member of the highest supervisory body of an underlying entity of a trust with the name:

Name of the company _____
 and, in this capacity, to the best of their knowledge, provide(s) the following information to Swisscard AECS GmbH:

1. Information about the trust:

a) Type of trust: Discretionary trust or Non-discretionary trust
 b) Revocability: Revocable trust or Non-revocable trust

2. Information about the (actual economic, not fiduciary) settlor of the trust (individual(s) or entity/-ies):

First name(s), last name(s)/Company _____
 Street/No. (actual domicile address) _____
 Zip code, town, country (state) _____
 Date(s) of birth _____ Nationality _____ Date of death (if deceased) _____

In the case of a revocable trust: Does the settlor have the right to revoke the trust? Yes No

2 – FORMATION OF THE TRUST

3. If the trust resulted from the restructuring of a pre-existing trust (re-settlement) or the merger of pre-existing trusts, the following information about the (actual, not fiduciary) settlor(s) of the pre-existing trust(s) must be provided:

First name(s), last name(s)/Company _____
 Street/No. (actual domicile address) _____
 Zip code, town, country (state) _____
 Date(s) of birth _____ Nationality _____ Date of death (if deceased) _____



Provide the information of the contractual partner

Provide the name of the trust.

You may only provide a natural person or an operationally active legal person as a settlor.

You may only provide a natural person or an operationally active legal person as a settlor.

EXISTING CLIENTS: Provide the basic account no. (this is shown on the company statement).

NEW CLIENTS: Provide the ref. no. or leave blank.

Tick whether the trust is discretionary or non-discretionary and whether it is revocable or non-revocable.

If the settlor is deceased, you must provide their first name, last name, date of birth, date of death and nationality. A copy of the personal ID is not necessary.

If the settlor is deceased, you must provide their first name, last name, date of birth, date of death and nationality. A copy of the personal ID is not necessary.

CommFst001/2302C/06-20

INSTRUCTIONS FOR FILLING OUT FORM T

If natural persons are entered under no. 2, 3, 4 or 5, you must submit a simple (not certified) copy of the personal ID document of these persons.

3 – THE BENEFICIARIES

4. Information
a) about the beneficiary/-ies named at the time of the signing of this form:

First name(s), last name(s)/Company _____
Street/No. (actual domicile address) _____
Zip code, town, country (state) _____
Date(s) of birth _____ Nationality _____
Has/Have the beneficiary/-ies an actual right to claim dividends? Yes No

b) and in addition to named beneficiaries or if there is/are no named beneficiary/-ies pertaining to (a) group(s) of beneficiaries (e.g. descendants of the settlor) known at the time of the signing of this form:

4 – OTHER PEOPLE

5. Information about the protector(s) and other persons who have a right of revocation with respect to the trust (in the case of revocable trusts) or who have the right to name the trustee of a trust:

a) Information about the protector(s)

First name(s), last name(s)/Company _____
Street/No. (actual domicile address) _____
Zip code, town, country (state) _____
Date(s) of birth _____ Nationality _____
In the case of a revocable trust: Does the protector have the right to revoke the trust? Yes No

b) Information about other persons who have the right of revocation or the right to name the trustee:

First name(s), last name(s)/Company _____
Street/No. (actual domicile address) _____
Zip code, town, country (state) _____
Date(s) of birth _____ Nationality _____
In the case of a revocable trust: Does the protector have the right to revoke the trust? Yes No



You must list all of the nameable beneficiaries at the time of the signing of Form T, along with the requested information. You can also refer to an enclosed list with the same information as that which is provided on Form T. The list must refer to Form T and must be signed and dated by the same persons as those on this form

If natural or legal persons are designated for this role, the provision of the information is mandatory.

If the trust is a revocable trust and no person entitled to revocation has been named under items 2 and 5a), it is mandatory for a natural person or an operationally active legal person to be listed here.

If, at the time of the signing of Form T, it is only possible to name the group of beneficiaries and the individual beneficiaries cannot yet be named (because they do not yet exist, for example), the naming criteria (e.g. descendants of the settlor) must be provided here.

SC1317CommFSt001/2302C/06-2023/JSPD3/Form T (Trusts)

5 – SIGNATURES

The undersigned certify(ies) that they are authorized to open a credit card account for the above-named trust or its underlying entity

The applying company/the contractual partner is obligated to inform the card issuer of any changes. Deliberately providing false information on this form is a criminal offense (article 251 of the Swiss Criminal Code, document forgery).

Do not forget the first name/last name of the signing person(s) in block capitals and the place/date.

Town _____ Date _____

First name and last name (in block capitals) _____

Legally binding signature according to the commercial register, articles of incorporation or equivalent documents or power of attorney form

Signature 

Town _____ Date _____

First name and last name (in block capitals) _____

Legally binding signature according to the commercial register, articles of incorporation or equivalent documents or power of attorney form

Signature 

Do not forget the signature of the contractual partner(s)



SC1317CommFst001/2302C/06-2023/JSPD3/Form T (Trusts)