

IDENTIFICATION OF THE BENEFICIAL OWNER

A

Reference no./Basic account no. _____

1 – COMPANY DETAILS

Applying company/Contractual partner _____

Street/No. (domicile address) _____

Zip code _____

Town _____

Country (state) _____

2 – IDENTIFICATION OF THE BENEFICIAL OWNER

The applying company and/or the contractual partner hereby declares that the money used to settle the credit card statement and/or collected by the card issuer in another way belongs to the following natural person(s) (please provide all relevant information below):

Please include a good quality copy of the identification document (front and back) of the person(s) named below.

First name/Last name _____

Street/No. (address of residence) _____

Zip code _____ Town _____

Country (country of residence) _____

Date of birth _____ Nationality _____

First name/Last name _____

Street/No. (address of residence) _____

Zip code _____ Town _____

Country (country of residence) _____

Date of birth _____ Nationality _____

First name/Last name _____

Street/No. (address of residence) _____

Zip code _____ Town _____

Country (country of residence) _____

Date of birth _____ Nationality _____

First name/Last name _____

Street/No. (address of residence) _____

Zip code _____ Town _____

Country (country of residence) _____

Date of birth _____ Nationality _____

The applying company and/or contractual partner undertakes to inform the card issuer of any changes without request.

Deliberately providing false information on this form is a criminal offense (document forgery according to Art. 251 of the Swiss Criminal Code).

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 _____

