

POWER OF ATTORNEY (NATURAL PERSONS).

1 – THE UNDERSIGNED PRINCIPAL

Last name _____ First name _____
 Date of birth M ____ D ____ Y _____
 Card number 3 7 5 8 _____

This power of attorney applies to the above mentioned card number only.

2 – AUTHORIZED REPRESENTATIVE

Last name _____ First name _____
 Nationality _____ Date of birth M ____ D ____ Y _____
 Address of residence _____
 Street _____ ZIP Code _____ Town _____
 Country _____

3 – REQUIREMENTS FOR POWER OF ATTORNEY

The principal has a charge or credit card issued by Swisscard AECS GmbH (hereinafter referred to as the „card“), and **allows the authorized representative to represent him fully** before Swisscard AECS GmbH and before the third parties mandated by Swisscard AECS GmbH to operate the card business (hereinafter referred to jointly as the „issuer“), **within the scope of his rights and duties/obligations pursuant to the applicable General Terms and Conditions from Swisscard AECS GmbH** (hereinafter referred to as the „GTC“). Only the principal himself may request the transfer of card credit balances to other accounts and apply for new cards (incl. the signing of a consumer credit agreement in the case of cards with an installment facility). If there is suspicion of fraud, the issuer has to contact the principal directly in any case to verify individual card transactions. The principal acknowledges that, in connection with this power of attorney or if they are legally obligated to do so (e.g. as part of money laundering investigations), the issuer and the authorized representative may/must exchange information pertaining to the card relationship. **In such cases, the principal releases both the issuer and the authorized representative from any confidentiality obligation, and authorizes them to conduct this exchange of information.**

This power of attorney will remain in force even in the event of the principal's incapacity to act, declaration as a missing person or death. **The principal will be liable toward the issuer for all actions or omissions of the authorized representative. The principal acknowledges as being authorized anyone who proves his identity to the issuer in accordance with the security code mentioned below or the specimen signature („signature of authorized representative“).** The principal and the authorized representative are responsible for and ensure careful use of the security code. Any legal claims arising from or in connection with this power of attorney shall be asserted directly and solely by the principal vis-à-vis the authorized representative; **the issuer is expressly released from all liability in this respect.** The principal does not have any right to the return of the authorization document pursuant to art. 36 of the Swiss Code of Obligations (CO). **With regard to applicable law and place of jurisdiction, the GTC governing the card relationship shall apply mutatis mutandis.**

4 – SECURITY CODE

To be able to establish the identification of the authorized representative with telephone and written queries, we require a 6-character combination for the security code. (The security code may of course be changed at any time using a new power of attorney form or in writing by letter by the principal.)

Security code (combination of numbers and/or letters possible)

5 – SIGNATURES

Place, date <input type="text"/>	Signature of principal <input type="text"/>
Place, date <input type="text"/>	Signature of authorized representative (specimen signature) <input type="text"/>

DON'T FORGET:

It is essential that the original of this power of attorney (no copies or faxes) will be submitted, together with a copy (front and back) of an official identity document of the **principal and the authorized representative** to: **Swisscard AECS GmbH, JSOB2, P.O. Box 227, 8810 Horgen.**

6 – CONFIRMATION BY ISSUER – PLEASE LEAVE BLANK

The issuer confirms having verified the principal's signature by means of the identity document submitted:

Last name of employee _____ First name of employee _____
 W-PID of employee _____
 Update core system reference _____ Signature of employee _____