

Application Form - Swiss Business Account - Standard

for legal entities, partnerships and sole proprietorships

Note: Please fill out this form completely at your PC, afterwards print and sign it and send back to us by email or post, together with the form *Placing of Order*, a copy of your passport and a proof of residence.

Customer data

Customer

Company / Name _____

Street/no. (Domicile) _____

Postcode _____ Location _____ Website _____

Country _____ No. of employees _____

Sector / main activity _____

Entry in Commercial Register yes no Type of company _____

Annual turnover CHF CHF 0 – CHF 99,999
 CHF 100,000 – CHF 499,999
 CHF 500,000 – CHF 1 m
 CHF 1 m – CHF 2.5 m
 CHF 2.5 m – CHF 5 m
 CHF 5 m and over

Authorized contact person _____ Function _____

Telephone number _____ E-mail _____

Language of correspondence G F I E

Other correspondence address*

Company / Name _____

Street, no. _____ P.O. Box _____

Postcode _____ Location _____ Country CH other _____

Choice of service

Account for payment transactions

Currency
 CHF EUR _____ Additional description _____

Advice type
 electronically PDF XML
 paper

Advice frequency
 weekly bimonthly monthly
 quarterly event-oriented

Bank Card (individual signing authority required)

in the last / first name of _____ Date of birth _____ Nationality _____

in the last / first name of _____ Date of birth _____ Nationality _____

Savings account

Currency

CHF EUR Additional description _____

Advice type

electronically via e-finance in PDF XML
 paper

Account card

in the last / first name of _____ Date of birth _____ Nationality _____

E-savings account

E-savings account (always kept in the same currency as the mandatory main account)

Main account No. _____

Note: The section "E-finance for online account management" must be filled in (for new registrations or if currently registered for e-finance)

E-finance for online account management

New registration for e-finance > standard solution

The e-finance service is to be opened for the following users with the following signing powers:

User 1

Last name _____ First name _____ Nationality _____

Function _____ sole collective Date of birth _____

User 2

Last name _____ First name _____ Nationality _____

Function _____ sole collective Date of birth _____

New registration for e-finance > customized solution

The customer advisor will contact me regarding individual details to be defined such as other authorized signatories, other users, authorizations, salary payments, creditors, debtors, order documents, electronic account documents and custody account, etc.

Telephone advice/information

Last name _____ First name _____

Telephone number _____ Preferred time _____

regarding _____

Comments

Date _____ Customer's signature _____ Customer's signature _____

Last name _____ Last name _____

First name _____ First name _____