

POWER OF ATTORNEY

(NATURAL PERSONS)

1 – AUTHORIZING PERSON

First name	Last name
_____	_____
Date of birth	Card number
_____	3 7 5 8 _____

This power of attorney only applies to the card relationship referred to above.

2 – AUTHORIZED REPRESENTATIVE

New Change: (Please specify here which existing authorized representative's stored information you wish to change. Please complete all fields.)

First name	Last name
_____	_____
Street/No. (address of residence)	Zip code Town
_____	_____
Country (country of residence)	Cell phone
_____	_____
Date of birth	Nationality
_____	_____

Revocation of powers of attorney

The following power of attorney/powers of attorney is/are revoked effective immediately:

First name	Last name	Date of birth
_____	_____	_____
First name	Last name	Date of birth
_____	_____	_____
First name	Last name	Date of birth
_____	_____	_____

3 – TERMS AND CONDITIONS OF POWERS OF ATTORNEY

The authorizing person holds a charge or credit card issued by Swisscard AECS GmbH (hereinafter referred to as the "card") and **hereby authorizes the authorized representative**, until revoked in writing, **to comprehensively represent** them vis-à-vis Swisscard AECS GmbH and vis-à-vis persons entrusted by Swisscard AECS GmbH with the processing of card transactions (hereinafter collectively referred to as "**Swisscard AECS GmbH**") **within the scope of their rights and duties and/or obligations pursuant to the applicable General Terms and Conditions for Corporate Cards of Swisscard AECS GmbH (hereinafter referred to as the "GTC")**. Transfers of card balances to other accounts and new cards, in contrast, can only be requested by the authorizing person themselves. In the case of suspected fraud, Swisscard AECS GmbH may be required to contact the authorizing person directly to verify individual card transactions. The authorizing person is aware that in connection with this power of attorney or if required by law (e.g. in the context of investigations under money laundering law), in the context of the card relationships, both Swisscard AECS GmbH and the authorized representative may/must exchange certain information with each other. **If this is the case, they shall release Swisscard AECS GmbH and the authorized representative from any confidentiality obligations and authorize them to exchange information.** This power of attorney will also remain in force in the event of the loss of the capacity to act, declaration as a missing person or death of the authorizing person. **The authorizing person shall be liable to Swisscard AECS GmbH for any actions or omissions on the part of the authorized representative. They shall recognize as duly authorized any person who identifies themselves to Swisscard AECS GmbH according to the following security code or specimen signature ("Signature of the authorized representative").** The authorizing person and the authorized representative are responsible for the careful use of the security code. Any legal claims from or in relation to this power of attorney must be made by the authorizing person directly and solely against the authorized representative; **liability on the part of Swisscard AECS GmbH is explicitly excluded in this case.** The authorizing person has no claim for the return of the certificate of power of attorney according to Article 36 of the Swiss Code of Obligations (CO). **With regard to court of jurisdiction and place of jurisdiction, the GTC underlying the card relationship shall apply accordingly.**



4 – SECURITY CODE

We require a 6-digit combination for the security code to be able guarantee the identification of the authorized representative in the event of telephone and written inquiries. (The security code can of course be changed by the authorizing person at any time with a new power of attorney form or in writing by letter.)

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

5 – SIGNATURES

Town	Date
First name and last name of the signatory (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 of the signatory (in block capitals)	
Legally binding signature according to the commercial register, articles of incorporation or equivalent documents or power of attorney form	
Signature	

DON'T FORGET:

This power of attorney must be submitted in the original form (not a copy or fax), together with a copy of the official personal identification document of both **the authorizing person and the authorized representative** (front and back), including signature, to: **Swisscard AECS GmbH, Postfach 227, 8810 Horgen.**

