

CHANGE REQUEST FORM FOR POWERS OF ATTORNEY, AMERICAN EXPRESS® CORPORATE VPAYMENT ACCOUNT

(SUPPLEMENTS/CHANGES PREVIOUSLY GRANTED POWERS OF ATTORNEY)

1 – COMPANY DETAILS

vPayment Account

Legally binding company name (acc. to commercial register, if entered) (subsequently: company)

Street/No. (domicile address)

Zip code

Town

Country (state)

This form relates to either the following Master Control Account ("MCA") or the following vPayment agreement ("vPayment Account") and all current and future card accounts issued to employees of the company («cardholders») and managed under this MCA/this vPayment Account, and to the corporate cards/card agreements issued for these card accounts by Swisscard AECS GmbH ("Swisscard"). The MCA is the account level which is above the basic account in the American Express Corporate Card hierarchy, and contains one or more basic accounts of the company. If the MCA (and, therefore, the power of attorney) applies/should apply to several legal entities (e.g. other group companies) and no special MCA agreement has yet been concluded between Swisscard and all of these legal entities, or if there are any questions regarding the hierarchy of the MCA, please do not hesitate to contact us.

Power of attorney/powers of attorney for the following MCA:

MCA no. (You will find this number on the confirmation letter for the opening of the basic account agreement).

Power of attorney/powers of attorney for the following vPayment Account:

Please ensure that at least 1 person receives or has received all powers of attorney after the changes. If this does not occur, the form will be considered to be "not complete" and a new form will be requested.

IMPORTANT:

It is recommended that at least two administrators are nominated so that access to the vPayment Account is possible in the event of absences.

2 – ADD NEW POWERS OF ATTORNEY / CHANGE OR REVOKE EXISTING POWERS OF ATTORNEY

New

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

Company authorized representative 1

First name

Last name

Street/No. (address of residence)

Zip

Town

Country (country of residence)

Date of birth

Nationality

Phone

Cell phone¹

Email¹

Power of attorney for:

Access as administrator

(Terms and conditions for Swisscard AECS GmbH American Express vPayment Accounts)

Administrators are required to provide their email address.

IMPORTANT:

– When they register and log in for the first time, the administrator is required to enter an alphanumeric code ("verification word") which they can define themselves.

– The verification word must be kept secure by the administrator.

Please define a verification word here:

(6 characters, a combination of numbers and letters is required.)

Invoice distribution

Recipient of the monthly statement

By signing, the company (1) confirms the accuracy of the information provided above and declares that (2) it has read, understood and accepted the Terms and Conditions of power of attorney (Section 4) and the "Terms and Conditions for Swisscard AECS GmbH American Express vPayment Accounts" (can be viewed at www.swisscard.ch/en/legal-conditions-and-information or requested from Swisscard).

Signature Company authorized representative 1

¹ Rapid communication is made possible by providing your email and cell phone details. Electronic communication is associated with specific risks and due diligence requirements (please refer to § 9.2 (b) and § 15.4 in the General Terms and Conditions for Swisscard AECS GmbH American Express vPayment Accounts). Exchanging information and placing orders by email is only permitted to a limited extent (see § 3.2 in Section 6 – Terms and Conditions of powers of attorney).



2 – ADD NEW POWERS OF ATTORNEY / CHANGE OR REVOKE EXISTING POWERS OF ATTORNEY – CONTINUED

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

Company authorized representative 2

First name
Last name
Street/No. (address of residence)
Zip Town
Country (country of residence)
Date of birth Nationality
Phone
Cell phone¹
Email¹

Power of attorney for:

Access as administrator
(Terms and conditions for Swisscard AECS GmbH American Express vPayment Accounts)
Administrators are required to provide their email address.

IMPORTANT:

- When they register and log in for the first time, the administrator is required to enter an alphanumerical code ("verification word") which they can define themselves.
- The verification word must be kept secure by the administrator.

Please define a verification word here:

(6 characters, a combination of numbers and letters is required.)

Invoice distribution
Recipient of the monthly statement

By signing, the company (1) confirms the accuracy of the information provided above and declares that (2) it has read, understood and accepted the Terms and Conditions of power of attorney (Section 4) and the "Terms and Conditions for Swisscard AECS GmbH American Express vPayment Accounts" (can be viewed at www.swisscard.ch/en/legal-conditions-and-information or requested from Swisscard).

Signature box for Company authorized representative 2

Signature Company authorized representative 2

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

Company authorized representative 3

First name
Last name
Street/No. (address of residence)
Zip Town
Country (country of residence)
Date of birth Nationality
Phone
Cell phone¹
Email¹

Power of attorney for:

Access as administrator
(Terms and conditions for Swisscard AECS GmbH American Express vPayment Accounts)
Administrators are required to provide their email address.

IMPORTANT:

- When they register and log in for the first time, the administrator is required to enter an alphanumerical code ("verification word") which they can define themselves.
- The verification word must be kept secure by the administrator.

Please define a verification word here:

(6 characters, a combination of numbers and letters is required.)

Invoice distribution
Recipient of the monthly statement

By signing, the company (1) confirms the accuracy of the information provided above and declares that (2) it has read, understood and accepted the Terms and Conditions of power of attorney (Section 4) and the "Terms and Conditions for Swisscard AECS GmbH American Express vPayment Accounts" (can be viewed at www.swisscard.ch/en/legal-conditions-and-information or requested from Swisscard).

Signature box for Company authorized representative 3

Signature Company authorized representative 3

Revocation of powers of attorney

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


Table with 3 rows and 3 columns: First name, Last name, Date of birth


¹ Rapid communication is made possible by providing your email and cell phone details. Electronic communication is associated with specific risks and due diligence requirements (please refer to § 9.2 (b) and § 15.4 in the General Terms and Conditions for Swisscard AECS GmbH American Express vPayment Accounts). Exchanging information and placing orders by email is only permitted to a limited extent (see § 3.2 in Section 6 – Terms and Conditions of powers of attorney).



3 – SIGNATURES

By signing, the company (1) confirms the accuracy of the information provided above and declares (2) that it has read, understood and accepted the Terms and Conditions of power of attorney (Section 4) and the "Terms and Conditions for Swisscard AECS GmbH American Express vPayment Accounts" (can be viewed at www.swisscard.ch/en/legal-conditions-and-information or requested from Swisscard).

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	



4 – TERMS AND CONDITIONS OF POWERS OF ATTORNEY

1. Appointment of Corporate Authorized Persons

The company shall authorize the above-mentioned natural persons (“**Corporate Authorized Persons**”), each individually, to represent the company vis-à-vis Swisscard AECS GmbH (“**Swisscard**”) until further written notice, in connection with the above-mentioned

- basic account agreements (including the related card agreements and application procedures)
- master control accounts (including the basic account and card agreements managed thereunder and application procedures).

The Corporate Authorized Persons may, in the name of and with effect against the company issue declarations of intent and information, make queries, and take delivery of messages from Swisscard

2. Relationship with General Terms and Conditions

The General Terms and Conditions of Swisscard for the basic account agreement/card agreements (“**GTCs**”) shall also apply to the Corporate Authorized Persons, unless stipulated otherwise in these terms and conditions of powers of attorney.

3. Scope of powers of attorney depending on the communication channel

3.1 Communication by post and/or by telephone

The rights of representation of the Corporate Authorized Persons are **comprehensive; in particular, each Corporate Authorized Person may make changes pursuant to clause 5 with individual signing authority** (e.g. appointing new Corporate Authorized Persons, revoking powers of attorney of other Corporate Authorized Persons).

3.2 Communication by e-mail

Corporate Authorized Persons may use the above-mentioned specified e-mail addresses **exclusively**:

- to order copies of card account and basic account statements
- to change the addresses of employees and of the company
- to change cardholder data unrelated to the agreement (Employee ID, cost center)
- to communicate changes in the company name¹
- to increase or decrease limits on card accounts and basic accounts.
- to order replacement cards
- to order PIN codes, which are delivered by post
- to submit evidence of payments and ask for cards to be unblocked on that basis
- to terminate basic accounts and card accounts
- to cancel direct debit procedures for basic accounts and card accounts
- to move card accounts from one basic account to another basic account of the same company.²

Swisscard will reply to such e-mail requests at its sole discretion either by sending an e-mail to the above-mentioned e-mail address indicated or by another communication channel chosen by Swisscard. E-mail requests will be processed during normal office hours at Swisscard’s registered office.

The e-mail addresses of all persons who are authorized to send or receive e-mails in the name and by order of Swisscard are structured as follows: _____@swisscard.ch. **Swisscard may restrict or discontinue communication by e-mail at any time** (e.g. depending on the security of the communication channel). The Corporate Authorized Persons and the company hereby acknowledge the following, in particular:

- e-mail must not be used to send urgent orders/queries to Swisscard, which must be addressed to Swisscard by telephone instead;
- it is prohibited to send any sensitive account or card data (e.g. card numbers, expiration date or card verification number) or means of identification (e.g. PIN, security code) to Swisscard.

In all other respects, e-mail communications (e.g. information exchanges) between Swisscard and the Corporate Authorized Persons are governed by the provisions of the GTCs on electronic communications.

4. Identity check and doubts about the authorization of the Corporate Authorized Person

Swisscard is under no obligation to further check the identity of the Corporate Authorized Person in the following cases:

- e-mails that are received from the above-mentioned e-mail addresses;
- calls in which the caller uses the Security Code specified by the company.

In all other cases, Swisscard shall verify the identity of the Corporate Authorized Persons in an appropriate manner. If Swisscard doubts whether a Corporate Authorized Person is duly authorized, it is entitled to refrain from executing the orders of the Corporate Authorized Person in question and to withhold any information. If Swisscard refuses orders or refrains from exchanging any information, it is not required to state any reasons. Swisscard reserves the right at any time to demand a consultation with or written instructions from legally valid company representatives entered in the Commercial Register. Swisscard may demand authenticated or officially certified signature specimens from the company.

5. Modification (revocation/change of existing powers of attorney and granting of additional powers)

The company may revoke a power of attorney by giving Swisscard written notice thereof (by post or via a change request form). Swisscard may communicate with the relevant Corporate Authorized Persons and process their orders for up to three working days after receipt of such notice.

The Company may change existing powers of attorney or grant new powers of attorney by submitting a new, duly signed **change request form** by post or in any other manner stipulated by Swisscard.

6. Duties of care

The Company shall promptly inform Swisscard whenever Corporate Authorized Persons exit the Company. In all other respects, the duties of care under the GTCs are applicable.

7. Data protection

The data of the company, of the cardholder and of the Corporate Authorized Persons shall be processed in accordance with the GTCs. Further information about data processing is available in the Privacy Policy, the latest version of which can always be viewed at www.swisscard.ch/dataprotection or requested from Swisscard.

8. Corporate Group

By special agreement with Swisscard, group companies of a corporate group may appoint one Corporate Authorized Person for multiple group companies.

9. Indemnification and liability, change of terms and conditions of powers of attorney, as well as jurisdiction and applicable law

The provisions in the GTCs shall apply.

09/2023

¹ So long as no change is made in the company number in the Commercial Register. (not applicable to restructuring operations such as mergers, asset transfers or demergers)

² The prerequisite is that nothing can change in the card account information other than the basic account numbers related to the card account.

