

POWER OF ATTORNEY (FINANCIAL INTERMEDIARY)

The undersigned principal

_____ Last name	_____ First name
_____ Date of birth	_____ Account number (shown in the top left-hand corner of your card statement or in the Swisscard app)

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

Authorized financial intermediary (address of residence)

_____ Financial intermediary	
_____ Street/No.	_____ Zip code/Town/Country

Requirements for power of attorney

The Principal holds a charge or credit card issued by Swisscard AECS GmbH (hereinafter "Card") and **hereby grants authority to the authorized financial intermediary**, and its legal successors, directors and officers, employees and vicarious agents (hereinafter the "**Authorized Representative**"), **until written revocation**, to fully represent the Principal vis-à-vis Swisscard AECS GmbH and vis-à-vis the persons appointed by it to process the card business (hereinafter collectively the "Issuer"), within the scope of **the Principal's rights, duties and obligations under the Issuer's General Terms and Conditions (hereinafter the "GTCs") applicable to the relevant card product**. In contrast, transfers of card credit balances to other accounts, as well as new cards, can only be applied for by the Principal personally (including by signing a consumer loan agreement in the case of cards with an installment facility). In the event of suspected fraud, the Issuer must, if necessary, enter directly into contact with the Principal in order to verify individual card transactions. **The Principal is aware that the Issuer and the Authorized Representative have the right and obligation to exchange with one another certain information in the context of the card relationships in connection with this power of attorney or to the extent required by law (e.g. in the context of money-laundering investigations).** In such cases, the Principal shall release the Issuer and the Authorized Representative from any confidentiality obligations and authorize them to exchange such information. Further information about data processing is contained in the Issuer's Privacy Statement, which may be viewed at any time at www.swisscard.ch/dataprotection, and may also be requested from the Issuer.

This power of attorney shall remain in effect even in the event of the loss of legal capacity, declaration of presumed death, or death of the Principal. **The Principal shall be liable to the Issuer for all acts or omissions of the Authorized Representative. The Principal shall acknowledge any person who authenticates him- or herself as duly authorized to the Issuer in accordance with the agreed security characteristics (security code, secure email, physical mail).** Any and all legal claims arising out of or in connection with this power of attorney are to be asserted by the Principal directly and exclusively against the Authorized Representative; **moreover, any liability on the part of the Issuer is expressly disclaimed.** The Principal is not entitled to the return of the power of attorney pursuant to Article 36 of the Swiss Code of Obligations (CO). **The GTC underlying the card relationship shall apply mutatis mutandis to the choice of law and place of jurisdiction.** The GTC may be viewed at www.swisscard.ch/en/legal-conditions-and-information and may be requested from the Issuer.

Signature

_____ Place/Date	_____ Signature of principal
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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** to **Swisscard AECS GmbH, P.O. Box 227, 8810 Horgen.**

Confirmation by issuer – Please leave blank

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

_____ Last name/First name employee	_____ W-PID of employee
_____ Updated on/Core system reference	_____ Signature of employee