

Power of attorney (private bank/financial intermediary)

I – THE UNDERSIGNED PRINCIPAL

Last name _____ First name _____

Date of birth M ____ D ____ Y _____

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.

2 – AUTHORIZED PRIVATE BANK/FINANCIAL INTERMEDIARY

Private bank/financial intermediary _____

Street _____ ZIP Code _____ Town _____

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 private bank/financial intermediary**, their legal successors as well as their organs, employees and auxiliaries (hereinafter referred to jointly as 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 the issuer’s General Terms and Conditions applicable to the card product in question** (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.** For more information on data processing, please see the issuer’s **Privacy Policy**, which can be viewed at www.swisscard.ch/dataprotection or requested from the issuer at any time.

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.** 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 – SIGNATURE

Place, date

Signature of principal



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, JSOS10, Banking Service, P.O. Box 227, CH-8810 Horgen

5 – 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 _____