

CHANGE OF SERVICE AUTHORIZATION FOR PRIVATE BANK.

IPB

Please fill out the change request form directly online, select desired changes, print out, sign, and return with the required attachments to the following address:
Swisscard AECS GmbH, JSOS10, Banking Service, P.O. Box 227, CH-8810 Horgen

1 DETAILS ON THE PRINCIPAL CARDHOLDER			
<input type="checkbox"/> Ms		<input type="checkbox"/> Mr	
Last name		First name	
Street/No.		ZIP code	City/Country
Date of birth	M <input type="text"/>	D <input type="text"/>	Y <input type="text"/>
Mobile/Telephone <input type="text"/>		Marital status	
My current credit number is <input type="text"/>			
This change applies to all active credit or charge cards ("cards") maintained under the card number linked to the card account above. Details on the card account will be completed by Swisscard AECS GmbH.			

2 INFORMATION REGARDING THE NEW AUTHORIZED PRIVATE BANK			
Name of financial intermediary		Branch	
Street/No.		ZIP code <input type="text"/>	City
Name of client advisor		Tel. no. of client advisor <input type="text"/>	
Mobile no. of client advisor <input type="text"/>		Bank's 24h hotline <input type="text"/>	
Email client advisor <input type="text"/>			
ID reference	<input type="checkbox"/> Please assign an ID reference (must not be the client's name) for all mailings of client correspondence to the bank.		
Please note that a new bank guarantee may have to be submitted for new clients and changes to card limits.			

3 PAYMENT TYPE (IS THERE A NEW PAYMENT TYPE OR NEW IBAN FOR DIRECT DEBIT?)	
I wish to settle my monthly statement by:	<input type="checkbox"/> Payment slip <input type="checkbox"/> DD (debit authorization with the right to lodge protest): I hereby authorize the bank mentioned in para. 2 until otherwise revoked to charge the debit notes in CHF presented to it by Swisscard AECS GmbH as the issuer of the cards to the account mentioned in para. 3. I am to be advised of all charges made to my account. The amount charged will be reimbursed to me in the event that I submit notification of protest in binding form within a period of 30 days after being advised by my bank.
Name of bank	IBAN
Branch/City	Account no./Clearing no.

4 ADDRESS FOR ALL CORRESPONDENCE, INCLUDING STATEMENTS AND MAILINGS CONTAINING CARDS/PIN CODES (NEW ADDRESS?)			
<input type="checkbox"/> Bank address	<input type="checkbox"/> Home address	Street/No.	
<input type="checkbox"/> Business address	<input type="checkbox"/> Other address	Zip code <input type="text"/>	City
Please note that cards and PIN codes cannot be mailed to P.O. Box addresses.			

5 AUTHORIZATION

The principal cardholder and any additional cardholders (hereinafter called "Principals") hereby authorize the bank specified in para. 2, and/or its statutory bodies, employees and ancillary staff (hereinafter called "Authorized Persons") to represent them vis-à-vis Swisscard AECS GmbH ("Issuer"), fully and until such time as this authorization is revoked in writing, with regard to their rights and duties/obligations in accordance with the General Terms and Conditions for Charge and Credit Cards of Swisscard AECS GmbH ("GTC") presented at the signing of this form. With this power of attorney, all powers of attorney previously issued to other private banks are revoked. However, any transfers of card credit balances to other accounts, as well as new credit/charge cards from the portfolio of the Issuer, may only be applied for by the Principal himself. This authorization will not expire if one or more of the Principals lose their legal capacity to act or in the event of their decease or declaration of death as a missing person. With regard to the applicable law and place of jurisdiction, the GTC presented at the signing of this form shall apply mutatis mutandis. These GTC have been sent to me together with the card; they are printed on the reverse side of the card delivery advice. Any legal claims arising from or connected with the authorization shall be enforced by the Principals directly and in their sole responsibility toward the Authorized Persons; 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).

6 SIGNATURE PRINCIPAL CARDHOLDER

Place/Date

Signature principal cardholder

The following details are to be completed by the financial intermediary's contact person insomuch as a delegation agreement exists between the financial intermediary and the issuer of the cards.

Please complete in full, mark what is applicable with a cross and sign. If no delegation agreement exists, please send this form, together with a copy of an official identity card of each applicant.

7 VERIFICATION OF THE CARDHOLDER'S IDENTITY

The financial intermediary confirms the legal identification of the principal cardholder in accordance with Art. 2 CDB. This also applies to the additional cardholder, unless this application is not accompanied by a copy of the cardholder's official identity card. In the event of principal card limits exceeding CHF 25,000, a certificate certifying that the copy of the identity card is genuine, is required (certification by a notary public or the financial intermediary's stamp and visa).

Place/Date	Stamp
Signature	
Photocopy of additional cardholder's ID is attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Politically exposed person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No	
The PEP attribute applies to the following: <input type="checkbox"/> principal and additional cardholders <input type="checkbox"/> principal cardholder only <input type="checkbox"/> additional cardholder only <input type="checkbox"/> beneficial owner	

TO BE COMPLETED BY SWISSCARD

Employee (last name, first name)	Employee W-PID
Updated on/Core system reference	Employee's signature
Sales ID <input type="text"/>	Card account <input type="text"/>



LSV+ - IDENT	B	R	A	C	1
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Zahlungsempfänger / Bénéficiaire / Beneficiario / Beneficiary

Swisscard AECS GmbH
 Neugasse 18
 Postfach
 8810 Horgen

Kunde / Client / Cliente / Customer

Kartenkonto-Nr./ N° de compte de carte /
 N. di conto di carta / Card account no. _____

Karten-Nr./ N° de carte /
 N. di carta / Card no. _____

Geburtsdatum / Date de naissance /
 Data di nascita / Date of birth _____

Belastungsermächtigung mit Widerspruchsrecht

Autorisation de débit avec droit de contestation

Autorizzazione di addebito con diritto di contestazione

Debit authorization with right of objection

Hiermit ermächtige ich meine Bank bis auf Widerruf, die ihr von obigem Zahlungsempfänger vorgelegten Lastschriften **in CHF** meinem Konto zu belasten.

Par la présente, j'autorise ma banque, sous réserve de révocation, à débiter mon compte des recouvrements directs **en CHF** émis par le bénéficiaire ci-dessus.

Con la presente autorizzo la mia banca, con riserva di revoca, ad addebitare sul mio conto gli avvisi di addebito **in CHF** emessi dal summenzionato beneficiario.

I hereby authorize my bank to deduct debits **in CHF** from the above-listed beneficiary directly from my account until this authorization is revoked.

Wenn mein Konto die erforderliche Deckung nicht aufweist, besteht für meine Bank keine Verpflichtung zur Belastung.

Si mon compte ne présente pas la couverture suffisante, il n'existe pour ma banque aucune obligation de débit.

Se il mio conto non presenterà la necessaria copertura, la mia banca non sarà tenuta ad effettuare l'addebito.

If there are insufficient funds in my account, then my bank is not obliged to carry out the debit.

Jede Belastung meines Kontos wird mir avisiert.

Chaque débit sur mon compte me sera avisé.

Ogni addebito sul mio conto mi sarà notificato mediante avviso.

I will be notified of each debit to my account.

Der belastete Betrag wird mir zurückerstattet, falls ich innerhalb von 30 Tagen nach Avisierung bei meiner Bank in verbindlicher Form Widerspruch einlege.

Le montant débité me sera remboursé si je le conteste auprès de ma banque dans les 30 jours après réception de l'avis, en la forme contraignante.

L'importo addebitato mi sarà riaccreditato se in forma vincolante lo contesterò alla mia banca entro 30 giorni dalla ricezione dell'avviso.

The amount debited will be repaid to me if I contest the debit in binding form to my bank within 30 days of notification.

Ich ermächtige meine Bank, dem Zahlungsempfänger im In- oder Ausland den Inhalt dieser Belastungsermächtigung sowie deren allfällige spätere Aufhebung mit jedem der Bank geeignet erscheinenden Kommunikationsmittel zur Kenntnis zu bringen.

J'autorise ma banque à informer le bénéficiaire, en Suisse ou à l'étranger, du contenu de cette autorisation de débit ainsi que de son éventuelle annulation par la suite, et ce par tous les moyens de communication qui lui sembleront appropriés.

Autorizzo la mia banca ad informare il beneficiario, in Svizzera o all'estero, del contenuto della presente autorizzazione di addebito nonché sulla sua eventuale successiva revoca in qualsiasi modo essa lo ritenga opportuno.

I authorize my bank to notify the beneficiary in Switzerland or abroad about the contents of this debit authorization as well as any subsequent rescinding thereof with the means of communications considered best suited by the bank.

Bankname/ Nom de la banque /
 Nome della banca / Name of bank

PLZ und Ort/ NPA et lieu /
 NPA e luogo / Zip code and town

IBAN
 oder / ou / o / or

Bankkonto-Nr. / N° de compte bancaire /
 N. di conto bancario / Bank account no.

Bankenclearing-Nr. (sofern bekannt) / N° de clearing bancaire (si connu) /
 N. di clearing bancario (se conosciuto) / Bank clearing no. (if known)

Ort und Datum / Lieu et date/ Luogo e data/ Place and date

Unterschrift / Signature / Firma/Signature

Berichtigung / Rectification / Rettifica / Rectification

Leer lassen, wird von der Bank ausgefüllt. / Laisser vide, à remplir par la banque. / Lasciare vuoto, sarà riempito dalla banca. / Leave blank, to be completed by the bank.

BC-Nr./No.CB: IBAN:

Datum / Date /
 Data / Date

Stempel und Visum der Bank / Timbre et visa de la banque /
 Timbro e firma della banca / Stamp and approval of bank