

LIST OF AUTHORISED SIGNATORIES

The list of authorised signatories shall be completed by **legal entities for which the persons authorised to sign are not indicated in the documents of association**. All additional companies also have the option of using this form. The **signatures** of all bodies of the company, auxiliary persons and third parties authorised to sign via-à-vis Credit Suisse AG in the context of the credit card business shall be disclosed.

Applying company: _____

LIST OF APPROVED SIGNATORIES

Last name, first name: _____	Nationality: _____
Country of residence: _____	Signature: X
Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Sole signatory authority (Please tick applicable) <input type="checkbox"/> Joint signatory authority

Last name, first name: _____	Nationality: _____
Country of residence: _____	Signature: X
Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Sole signatory authority (Please tick applicable) <input type="checkbox"/> Joint signatory authority

Last name, first name: _____	Nationality: _____
Country of residence: _____	Signature: X
Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Sole signatory authority (Please tick applicable) <input type="checkbox"/> Joint signatory authority

Last name, first name: _____	Nationality: _____
Country of residence: _____	Signature: X
Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Sole signatory authority (Please tick applicable) <input type="checkbox"/> Joint signatory authority

Last name, first name: _____	Nationality: _____
Country of residence: _____	Signature: X
Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Sole signatory authority (Please tick applicable) <input type="checkbox"/> Joint signatory authority

Last name, first name: _____	Nationality: _____
Country of residence: _____	Signature: X
Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Sole signatory authority (Please tick applicable) <input type="checkbox"/> Joint signatory authority

SIGNATURES

The applying company undertakes to notify the Swisscard AECS AG credit card processor by order of Credit Suisse AG of any changes without request.

Place/date X

Last name and first name of the person who is authorised to sign (in block capitals) X
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Binding signature according to commercial register or list of authorised signatories X
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Place/date X

Last name and first name of the person who is authorised to sign (in block capitals) X
--

Binding signature according to commercial register or list of authorised signatories X
--

Place/date

Company seal

Please send the fully completed and signed form to:
Swisscard AECS AG
JSOB
P.O. Box 227
8810 Horgen