

# LIST OF AUTHORIZED SIGNATORIES

The list of authorized signatories shall be completed by **offshore companies** and other **legal entities for which the persons authorized to sign are not indicated in the documents of association**. The **signatures** of any and all entities, auxiliary persons and third parties authorized to sign vis-à-vis Credit Suisse AG shall be disclosed.

Applying company: \_\_\_\_\_

## LIST OF APPROVED SIGNATORIES

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

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

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

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

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

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

## 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 <b>X</b>
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Last name, first name <b>X</b>
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Place/date <b>X</b>
------------------------

Last name, first name <b>X</b>
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Place/date
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Binding signature according to commercial register or list of authorized signatories <b>X</b>
<small>Enclose copy of an official document of identification (passport, identity card, driver's license) with recognizable picture, signature, place and time of issue</small>

Binding signature according to commercial register or list of authorized signatories <b>X</b>
<small>Enclose copy of an official document of identification (passport, identity card, driver's license) with recognizable picture, signature, place and time of issue</small>

Company seal
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Please complete in full directly online, print and return duly signed to:  
**Swisscard AECS AG**  
**SCO3**  
**P.O. Box 227**  
**8810 Horgen**