

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: X
Date of birth: <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="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="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="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="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="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, first name X

Binding signature according to commercial register or list of authorized signatories X
<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>

Place/date X

Last name, first name X

Binding signature according to commercial register or list of authorized signatories X
<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>

Place/date

Company seal

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