

## Change of address

To assist us in our work, please complete all boxes marked \*. Thank you.

Fill out form, then print, sign and return to:

**Swisscard AECS AG**  
**Neugasse 18**  
**P.O. Box**  
**CH-8810 Horgen**

## My/our personal details

Title  Ms.  Mr.

Company \_\_\_\_\_

Last name\* \_\_\_\_\_

First name\* \_\_\_\_\_

Street/no.\* \_\_\_\_\_

Postal code\* \_\_\_\_\_

Town\* \_\_\_\_\_

Date of birth\* \_\_\_\_\_

Card number\* \_\_\_\_\_

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## Il mio / nostro nuovo indirizzo

Valid as of\* \_\_\_\_\_

Street/no.\* \_\_\_\_\_

Postal code\* \_\_\_\_\_

Town\* \_\_\_\_\_

Tel. (office)\* \_\_\_\_\_

Tel. (home)\* \_\_\_\_\_

Mobile phone \_\_\_\_\_

E-mail \_\_\_\_\_

Place and date

Cardholder's signature

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