

Change of address for business clients

For companies entered in the commercial register:
Please enclose a copy of the current extract from the commercial register (may not be more than 6 months old).

Company name _____

Old address

Street/no. _____ P.O. Box _____
Postal code/city _____ Country _____

New address

Street/no. _____ P.O. Box _____
Postal code/city _____ Country _____
Valid from _____

Verification details*

Card account no. **110** _____ and card no. _____
(shown on monthly bill) (please only complete items 1-6 and 13-16)

* It is mandatory that this information be provided so we can reliably verify your identity and prevent unauthorised third parties from amending your data.

Contact in case of questions

Telephone _____ E-mail _____

Comments

Place/date _____

Place/date _____

Legally valid signature (joint signature if required) _____

Legally valid signature (joint signature if required) _____

First name/last name in block capitals _____

First name/last name in block capitals _____

Company stamp

**Please return the fully completed, signed form together with all accompanying documentation by post.
Viseca Card Services SA, Hagenholzstrasse 56, P.O. Box 7007, 8050 Zurich.**