

Principal (company)

The **full, legally binding** company name and address of the registered office must be indicated as per the commercial register entry or equivalent documents.

Company name	_____	Street/no.	_____
	_____	Postal code/city	_____
(hereinafter referred to as the principal)		Country	_____

Representative (cardholder or third party)

First name	_____	Home address	
Last name	_____	Street/no.	_____
Date of birth	_____	Postal code/city	_____
Nationality	_____	Country	_____

(hereinafter referred to as the representative)

The undersigned principal hereby grants to the representative the **power of attorney** ticked below to legally **represent** the principal **in oral and written form** vis-à-vis the card issuer in this manner (power of attorney A or B) **for all credit and payment card contracts as well as all basic contracts** agreed between the principal and the card issuer.

Please tick as appropriate:

☐ A. Power of attorney for rights of access and action

The representative is authorised to receive and/or obtain information about the existing card contracts between the card issuer and the principal, in particular information regarding customer data available to the card issuer, billing details, limits, transactions and/or complaints as well as about all correspondence.

The representative is also authorised to carry out the administration of all cards, in particular requesting limit increases and reductions, objecting to transactions, cancelling cards or having them blocked and requesting corresponding replacement cards. If necessary, the representative is authorised to order repayment of card balances into a bank account in the name of the principal and to request a new credit card from the card issuer's portfolio on behalf of the principal.

The representative may also take any action for which he/she has authority under this power of attorney for his/her own benefit or for the benefit of third parties. Any and all declarations, actions and measures by the representative will be binding on the company. It is the responsibility of the representative to inform the principal of his/her actions without delay. The card issuer accepts no responsibility for this.

☐ B. Power of attorney for rights of access

The representative is authorised to receive and/or obtain information about the existing card contracts between the card issuer and the principal, in particular information regarding customer data available to the card issuer, billing details, limits, transactions and/or complaints as well as about all correspondence.

Furthermore, he/she is authorised to have cards blocked due to loss and theft.

Supplementary provisions relating to the power of attorney (POA)

This POA forms an integral part of the valid payment method agreement (e.g. credit card agreement) between the card issuer and the principal. The POA granted by the principal to the representative applies to all acts, declarations and measures made or taken, as applicable, in oral and written form, including those issued in verifiable text form (e.g. e-mail) as well as in digital form (e.g. in "one" digital service).

The POA shall remain valid until the principal's revocation has been received by the card issuer. The revocation must be made in writing or in verifiable text form. It is expressly stipulated that this POA shall not expire in the event of the bankruptcy of the principal but shall remain in force (Art. 35 of the Code of Obligations, OR).

In general, changes to the POA and/or the representative must be notified immediately to the responsible customer service of the card issuer in writing or in verifiable text form.

The POA shall be governed by substantive Swiss law, excluding its conflict-of-laws rules. The principal and the representative accept the exclusive jurisdiction of the courts at the domicile of the card issuer, unless other courts of jurisdiction are prescribed by law.

The representative:

Place/date

Representative's first name/last name* (in block capitals)

Representative's signature

The principal:

Place/date

Authorised signatory's first name/last name* (in block capitals)

Legally valid signature (joint signatures if necessary)

Authorised signatory's first name/last name* (in block capitals)

Legally valid signature (joint signatures if necessary)

* Enclosures: A copy of official identification belonging to the representative and the principal (front and reverse sides).
(please enclose)

**Please complete and sign the form and
send it with the copies of official identification by post to:
Viseca Card Services SA, Hagenholzstrasse 56, P.O. Box 7007, 8050 Zurich.**