

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** _____ or card no. _____
(shown on monthly bill)

* Note about verification details: We require this information for security reasons so as to be able to clearly 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.**