

Power of attorney for private customers

Principal

☐ Ms ☐ Mr

First name _____

Last name _____

Date of birth _____

Postal code/city _____

Address _____

Card account no. 110

(hereinafter the Principal)

Your card account number is **required**. You can find it printed on your monthly bill or at the "one" digital service.

The undersigned Principal herewith grants Power of Attorney to

☐ Ms ☐ Mr

First name _____

Last name _____

Date of birth _____

Postal code/city _____

Address _____

Name of the bank* _____

(hereinafter the Authorised Agent)

* Only complete if Power of Attorney is to be granted to the bank.

to represent him/her legally to Viseca Payment Services SA (hereinafter Viseca) as follows: The Authorised Agent is authorised to obtain from Viseca any available client data, invoice details, transactions or objections thereto, authorised and rejected queries, bonus programme information and all correspondence. The Authorised Agent is also authorised to have changes made to limits and close the card account held in the Principal's name. If necessary, the Authorised Agent is authorised to have the card blocked and to request a corresponding replacement card. This Power of Attorney excludes the transfer of card balances to a bank account and application for a new credit card from the Viseca portfolio in the Principal's name.

The Authorised Agent can carry out all actions to which this Power of Attorney authorises him/her for his/her own account or for the account of third parties. The signatures and all statements and actions of the Authorised Agent are fully binding on the Principal. The Principal hereby certifies the authenticity of the Authorised Agent's signature and accepts the validity of the Power of Attorney until it is revoked in writing.

It is explicitly stated that this Power of Attorney shall remain in force in the event of the Principal's death or incapacity (Swiss Code of Obligations Art. 35).

This Power of Attorney is governed by Swiss law, which shall also determine the validity of the applicable law chosen by the contracting partners. The Principal and the Authorised Agent recognise **the exclusive place of jurisdiction as the location of the Viseca branch**. Viseca is also entitled to bring proceedings against the undersigned in any other competent jurisdiction.

Place/date _____

Place/date _____

Signature of the Authorised Agent _____

Signature of the Principal _____

Please return the fully completed, signed form by post.
Viseca Payment Services SA, Hagenholzstrasse 56, P.O. Box 7007, 8050 Zurich.