

## Application to open a capital payment account and request a capital payment confirmation

### General information

Name of company \_\_\_\_\_  
 Domicile address \_\_\_\_\_  
 Zip code, town \_\_\_\_\_  
 Industry / activity \_\_\_\_\_

### Details regarding the person opening the account (necessary only for new companies)

Surname \_\_\_\_\_ First name \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Nationality \_\_\_\_\_  
 Address \_\_\_\_\_  
 country of domicile \_\_\_\_\_

### Details regarding the identity document of the person opening the account (necessary only for new companies)

Type of identify document \_\_\_\_\_ Place of issue \_\_\_\_\_  
 Number \_\_\_\_\_ Date of issue \_\_\_\_\_

**A certified or officially notarized copy of the above-mentioned identity document of the person opening the account must be enclosed.**

### Details of the planned transaction

Type of transaction  New company formation  Additional payment  Capital increase  Participation capital  
 The requesting party undertakes on request to send the bank a copy of the declaration regarding the capital increase resolution (Art. 652g Code of Obligations).  
 Currency / probable amount  CHF \_\_\_\_\_  EUR \_\_\_\_\_  USD \_\_\_\_\_  
 If **capital increase**, add details on type and shareholder meeting/board resolution  
 Ordinary increase as per shareholder meeting resolution of \_\_\_\_\_  
 Approved increase as per shareholder meeting resolution of \_\_\_\_\_ and board resolution of \_\_\_\_\_

### Confirmation of capital payment

Send original confirmation to \_\_\_\_\_  
 \_\_\_\_\_  
 Copy for information to \_\_\_\_\_  
 \_\_\_\_\_

Other details  Once formed, the company intends to open an account at Credit Suisse (Switzerland) Ltd.  
 Contact person  Mr.  Ms. \_\_\_\_\_  
 Telephone number \_\_\_\_\_

Place, date \_\_\_\_\_ Signature of person opening the account or the relationship manager \_\_\_\_\_

**X**

**Routing for new company formation: RM > Client ID > ELAR**  
**Routing for capital increase / additional payment / participation capital for an existing CIF: RM > ELAR**

<b>To be completed by the Bank</b>	Signature and stamp Relationship Manager
<b>01004</b>	
Client No. (CIF)	