

Checklist for Account Transfer Service

Only a few steps are required for an account transfer. Please complete the following information in order to transfer your banking relationship to Credit Suisse.

Mandatory fields are marked with (*). Please complete the checklist in BLOCK CAPITALS.

Account transfer service for client

In the name of (first and last name(s))*

1. Accounts

Account type (private account, savings account, etc.)*

IBAN*

In the name of (first and last name(s))*

Closure as of (date)*

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2. Cards

Card type (debit cards, credit cards, etc.)*

Card issuer*

Card number*

Expiration date*

In the name of (first and last name(s))*

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3. Employer or Pension Fund

Employer or pension fund*

Contact*

Address (street, no., postal code, town/city)*

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4. Biller Overview

Specific information only for standing orders

Institution	Name of institution*	Address (street, no., postal code, town/city)*	IBAN of institution*	DD*	SO*	Amount (CHF)*	Payment from (date)*
<input type="checkbox"/> Health insurance	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Telephone services provider	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Landlord	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

DD: Direct debit/SO: Standing order

Telephone availability:

If you have any further questions, our account transfer service advisors will be happy to contact you by telephone. Please indicate the best time to reach you (Monday–Friday, 08:00 a.m.–05:00 p.m.).

Telephone/cell phone number*	Date*	Time*
_____	_____	_____

Please have the necessary information on hand for the phone call so that we can help you as much as possible.

Please send the completed checklist back to us.