



Change request form for a CREDIT SUISSE World Elite MasterCard

Branch Code : 0947

Client number (CIF No.): _____

Cardholder Name : _____

Principal cardholder¹ **Additional cardholder²**

Last 4 digits of card:

Electronic notifications, opt-out from notifications on currency conversion charges

The following cardholders shall receive electronic notifications in relation to the CREDIT SUISSE World Elite MasterCard services (e.g., concierge services, 3D Secure, notifications on currency conversion charges etc.). Please note that electronic messages can only be provided via SMS and require an up-to-date mobile number. For the avoidance of doubt, the modification of the telephone numbers linked to the electronic notifications in relation to the CREDIT SUISSE World Elite MasterCard services will not entail an automatic modification of the general contact details of the cardholders in the context of their banking relationship with CREDIT SUISSE (LUXEMBOURG) S.A. ("Credit Suisse"). For such purpose cardholders shall contact their relationship manager separately.

Principal Cardholder

Last Name	First Name	Telephone number

Additional Cardholders

Last Name	First Name	Telephone number

¹ In case you are the principal cardholder you may modify your and/or the information of any additional cardholders.
² In case you are an additional cardholder you may only make changes concerning you as the additional cardholder and no changes to the principal and/or any other cardholders.

Last Name First Name Telephone number

Last Name First Name Telephone number

Opt-out:

The following cardholders shall no longer receive electronic notifications on currency conversion charges:

Last Name First Name Telephone number

Last Name First Name Telephone number

Last Name First Name Telephone number

For a transmission of the completed form to Credit Suisse by e-mail you explicitly acknowledge, by signing this form, that any information electronically exchanged with the Bank is routed via an e-mail system hosted by CREDIT SUISSE AG in Zurich (Switzerland) without encryption of the e-mail data. Personal data and other information pertaining to you and, as the case may be, any further cardholder referred to in this form, as well as to a related business relationship with Credit Suisse could be viewed by employees of CREDIT SUISSE AG in Zurich or by its support staff or any subcontractors.

By signing this form, you further confirm to be aware of all risks which could result or arise from the use of e-mail communication and agree to bear the risks of such e-mail being intercepted and used by an unauthorized third party as well as the risks related to incidents temporarily affecting the transmission of the information in this e-mail such as technical malfunctions or interruptions of the IT and telecommunication services used by Credit Suisse.

Please return the filled form to your Relationship Manager at Credit Suisse. In case you are an additional cardholder, please liaise with the principal cardholder for the contact details of the respective Relationship Manager at Credit Suisse.

For postal mail please address your letter to

CREDIT SUISSE (LUXEMBOURG) S.A.

Client Data Management

P.O. Box 40
L-2010 Luxembourg
Fax +352 46 32 70



CREDIT SUISSE (LUXEMBOURG) S.A.
5, rue Jean Monnet, L-2180 Luxembourg
Card Services : 00800 78 79 78 79

Signature of the cardholder completing the form

Place,
date:_____

Signature of the Principal Cardholder
(as per specimen signature)

Place,
date:_____

Signature of the Additional Cardholder
(as per specimen signature)
