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**Your form will be rejected if:**  
 – It was completed **by hand** or was altered/added to.  
 – The **mandatory fields** (pink or \*) have not been completed in full.

To be sent to:

Credit Suisse (Switzerland) Ltd.  
 SCAN 100  
 P.O. Box  
 8071 Zurich

## Application to change the tenant party of a Rental deposit savings account

### Existing Rental deposit savings account

Account number (IBAN)\*

### Change of tenant party

(Rental deposit savings account now held in the names of the parties listed below; please list all applicable future tenants)

Tenant(s)	
Tenant 1	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Company	
Last name*	
First name	
Street*	Number
Postal code*	City/town*
Date of birth*	
Nationality*	
Tel.	
Tenant 2	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Company	
Last name*	
First name	
Street*	Number
Postal code*	City/town*
Date of birth*	
Nationality*	
Tel.	
Tenant 3	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Company	
Last name*	
First name	
Street*	Number
Postal code*	City/town*
Date of birth*	
Nationality*	
Tel.	
Tenant 4	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Company	
Last name*	
First name	
Street*	Number
Postal code*	City/town*
Date of birth*	
Nationality*	
Tel.	
Tenant 5	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Company	
Last name*	
First name	
Street*	Number
Postal code*	City/town*
Date of birth*	
Nationality*	
Tel.	
Tenant 6	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Company	
Last name*	
First name	
Street*	Number
Postal code*	City/town*
Date of birth*	
Nationality*	
Tel.	

Language for correspondence:     German     French     Italian     English

**05002**    Client no. (CIF)

**Transfer of the full rental deposit amount (including interest) to the new tenant(s)**

Changing a tenant party entails the closure of the existing account and the opening of a new Rental deposit savings account. We hereby instruct the Bank to transfer the full rental deposit amount, including any interest, to the newly opened Rental deposit savings account.

**Your form will be rejected if the signature is not original** (please sign with a **blue** ballpoint pen).

**All previous tenant parties**

Place, date	Signature of <b>Tenant 1</b> <i>Forms without signature will be returned.</i>	Signature of <b>Tenant 2</b> <i>Forms without signature will be returned.</i>
_____	X	X
Place, date	Signature of <b>Tenant 3</b> <i>Forms without signature will be returned.</i>	Signature of <b>Tenant 4</b> <i>Forms without signature will be returned.</i>
_____	X	X
Place, date	Signature of <b>Tenant 5</b> <i>Forms without signature will be returned.</i>	Signature of <b>Tenant 6</b> <i>Forms without signature will be returned.</i>
_____	X	X

**All applicable future tenant parties**

Place, date	Signature of <b>Tenant 1</b> <i>Forms without signature will be returned.</i>	Signature of <b>Tenant 2</b> <i>Forms without signature will be returned.</i>
_____	X	X
Place, date	Signature of <b>Tenant 3</b> <i>Forms without signature will be returned.</i>	Signature of <b>Tenant 4</b> <i>Forms without signature will be returned.</i>
_____	X	X
Place, date	Signature of <b>Tenant 5</b> <i>Forms without signature will be returned.</i>	Signature of <b>Tenant 6</b> <i>Forms without signature will be returned.</i>
_____	X	X

Lessor (At least one full address is mandatory: name, street/number, postal code, city/town):

**Lessor/Owner**

Place, date	Signature of Lessor/Owner <i>Forms without signature will be returned.</i>	Signature of Lessor/Owner <i>Forms without signature will be returned.</i>
_____	X	X
Place, date	Signature and stamp <b>Represented by Agent</b> <i>Forms without signature will be returned.</i>	Signature and stamp <b>Represented by Agent</b> <i>Forms without signature will be returned.</i>
_____	X	X

Client no. (CIF)
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