

IDENTIFICATION OF THE CONTROLLER

K

Reference no./Basic account no.

1 – COMPANY DETAILS

Applying company/Contractual partner

Street/No. (domicile address)

Zip code

Town

Country (state)

2 – IDENTIFICATION OF THE CONTROLLER

Please always provide full details of the controller in the identification of the controller form below (Form K).

EXCEPTION: If the applying company/contractual partner falls under one of the classifications listed below, this must be ticked (a maximum of one selection is possible).

- Listed company or subsidiary majority controlled by such a company
- Authority or non-profit company (also association, foundation)
- Unregistered partnership (does not apply to Ltd. and not to stock corporation)
- Bank or another financial intermediary
- Non-operating foundation, trust or similar association of persons or asset structures
- Non-operational company (domiciliary company)
 → Please submit form A. You can find this at www.swisscard.ch.
- Sole proprietorship
 → Please submit form A. You can find this at www.swisscard.ch.

If none of the above classifications apply, complete the following form for the identification of the controller.

Identification of the controller at non-listed, operational entities and partnerships (form K)

The applying company/contractual partner hereby declares (tick the applicable box – **only 1 selection possible**)

- that the person(s) listed below hold(s) **shares (capital or voting rights) of 25% or more** in the applying company/contractual partner; or
- if there are no capital or voting shares of 25% or more, that the person(s) listed below **otherwise exercise(s) control over the applying company/the contractual partner;** or
- if there is/are no person(s) that exercise(s) control over the applying company/contractual partner in any other way, that the person(s) listed below **manage(s) the business.**

Please include a good quality copy of the identification document (front and back) of the person(s) named below.

Controller 1	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mr.
First name		
Last name		
Street/No. (address or residence)		
Zip code	Town	
Country (country of residence)		
Date of birth	Nationality	

Controller 2	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mr.
First name		
Last name		
Street/No. (address or residence)		
Zip code	Town	
Country (country of residence)		
Date of birth	Nationality	



2 – IDENTIFICATION OF THE CONTROLLER – CONTINUED

Controller 3

 Ms. Mr.

First name

Last name

Street/No. (address or residence)

Zip code

Town

Country (country of residence)

Date of birth

Nationality

Controller 4

 Ms. Mr.

First name

Last name

Street/No. (address or residence)

Zip code

Town

Country (country of residence)

Date of birth

Nationality

Holding assets in trust (tick where appropriate)

- A third party is the beneficial owner of the funds used to settle the card statement and/or that is collected by the card issuer in another way. The applying company holds these assets in trust. (The corresponding details on the beneficial ownership are to be collected by filling out a separate form, A, S or T.)

The applying company/the contractual partner undertakes to inform the card issuer of any changes without request. Deliberately providing false information in this section is a criminal offense (document forgery according to Article 251 of the Swiss Criminal Code).

Town _____ Date _____

First name and last name (in block capitals) _____

Legally binding signature according to the commercial register, articles of incorporation or equivalent documents or power of attorney form

Signature _____

Town _____ Date _____

First name and last name (in block capitals) _____

Legally binding signature according to the commercial register, articles of incorporation or equivalent documents or power of attorney form

Signature _____

