

## Form for change of address

### Old address

Mr  Ms

Company:

Last name:

First name:

Street/no.:

Postal code/city:

Country:

Date of birth:

Tel. private:

Tel. mobile:

### New address

Mr  Ms

Company:

Last name:

First name:

Street/no.:

Postal code/city:

Country:

Date of birth:

Tel. private:

Tel. mobile:

E-mail:

Valid from:

### Change of address applies for

Client number:

Residential address/domicile

Correspondence address

If you are the holder of a joint account, please provide the following information:

The change of address applies for all account holders

The change of address applies for the following account holder(s) only:

### Additional remarks

Place and date

Signature of account holder<sup>1</sup>

Please sign and send to:

Bank CIC (Switzerland) Ltd.  
CA  
Marktplatz 13  
P.O. Box 216  
4001 Basel

<sup>1</sup> As per signature regulations