

3 – THE BENEFICIARIES

4. Information

a) about the beneficiary/-ies named at the time of the signing of this form:

First name(s), last name(s)/Company

Street/No. (actual domicile address)

Zip code, town, country (state)

Date(s) of birth

Nationality

Has/Have the beneficiary/-ies an actual right to claim dividends?

Yes

No

b) and in addition to named beneficiaries, or if there is/are no named beneficiary/-ies pertaining to (a) group(s) of beneficiaries (e.g. descendants of the founder) who is/are known at the time of the signing of this form:

4 – OTHER PEOPLE

5. Information about the further person(s) having the right to determine or name the representatives (e.g. members of the foundation board), if these representatives may dispose over the assets or have the right to change the distribution of the assets or the nomination of beneficiaries:

First name(s), last name(s)/Company

Street/No. (actual domicile address)

Zip code, town, country (state)

Date(s) of birth

Nationality

In case of a revocable foundation: Is/Are there (a) further person(s) with the right to revoke the foundation?

Yes

No

6. Information about other person(s) who has/have the right to revoke the foundation:

First name(s), last name(s)/Company

Street/No. (actual domicile address)

Zip code, town, country (state)


Date(s) of birth


Nationality



5 – SIGNATURES

The applying company/the contractual partner is obligated to inform the card issuer of any changes. Deliberately providing false information on this form is a criminal offense (article 251 of the Swiss penal code, document forgery).

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	
<div style="border: 1px solid black; height: 30px; width: 100%; text-align: right; padding-right: 5px;"></div>	
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	
<div style="border: 1px solid black; height: 30px; width: 100%; text-align: right; padding-right: 5px;"></div>	
Signature	



INSTRUCTIONS FOR FILLING OUT FORM S

NO changes or corrections may be made on Form S.

A copy of the currently valid personal ID document (e.g. passport or identity card) of all the natural persons listed below must be enclosed with Form S; a simple (not certified) copy is sufficient.



INFORMATION PERTAINING TO FOUNDATIONS AND SIMILAR CONSTRUCTS

S

1 – INFORMATION ABOUT THE CONTRACTUAL PARTNER

Provide the information of the contractual partner.

First name(s), last name(s)/Company (applicant/contractual partner) _____ Reference no./Basic account no. _____
Street/No. (domicile address) _____ Zip code _____ Town _____
Country (state) _____

EXISTING CLIENTS: Provide the basic account no. (this is shown on the company statement).

NEW CLIENTS: Provide the ref. no. or leave blank.

Provide the name of the foundation.

Name of the company _____
and, in this capacity, to the best of their knowledge, provide(s) the following information to Swisscard AECS GmbH:

1. Information about the foundation:

- a) Type of foundation: Discretionary foundation or Non-discretionary foundation
b) Revocability: Revocable foundation or Non-revocable foundation

You may only provide a natural person or an operationally active legal person as a founder.

2. Information about the (actual economic, not fiduciary) founder (individual(s) or entity/-ies):

First name(s), last name(s)/Company _____
Street/No. (actual domicile address) _____
Zip code, town, country (state) _____
Date(s) of birth _____ Nationality _____ Date of death (if deceased) _____
In case of a revocable foundation: Does the founder have the right to revoke the foundation? Yes No

Tick whether the foundation is discretionary or non-discretionary and whether it is revocable or non-revocable.

If the founder is deceased, you must provide their first name, last name, date of birth, date of death and nationality. A copy of the personal ID is not necessary.

You may only provide a natural person or an operationally active legal person as a founder.

2 – FORMATION OF FOUNDATION

3. If the foundation resulted from the restructuring of a pre-existing foundation (re-settlement) or the merger of pre-existing foundations, the following information about the (actual, not fiduciary) founder(s) of the pre-existing foundation(s) must be provided:

First name(s), last name(s)/Company _____
Street/No. (actual domicile address) _____
Zip code, town, country (state) _____
Date(s) of birth _____ Nationality _____ Date of death (if deceased) _____

If the founder is deceased, you must provide their first name, last name, date of birth, date of death and nationality. A copy of the personal ID is not necessary.



CommFKa001/2302B/06-20

INSTRUCTIONS FOR FILLING OUT FORM S

If natural persons are entered under no. 2, 3, 4, 5 or 6, you must submit a simple (**not** certified) copy of the personal ID document of these persons.

You must list all of the nameable beneficiaries at the time of the signing of Form S, along with the requested information. You can also refer to an enclosed list with the same information as that which is provided on Form S. The list must refer to Form S and must be signed and dated by the same persons as those on this form.

If the foundation is a revocable foundation and no person entitled to revocation has been named under items 2 and 5, it is mandatory for a natural person or an operationally active legal person to be listed here.

3 – THE BENEFICIARIES

4. Information

a) about the beneficiary/-ies named at the time of the signing of this form:

First name(s), last name(s)/Company

Street/No. (actual domicile address)

Zip code, town, country (state)

Date(s) of birth Nationality

Has/Have the beneficiary/-ies an actual right to claim dividends? Yes No

b) and in addition to named beneficiaries, or if there is/are no named beneficiary/-ies pertaining to (a) group(s) of beneficiaries (e.g. descendants of the founder) who is/are known at the time of the signing of this form:

4 – OTHER PEOPLE

5. Information about the further person(s) having the right to determine or name the representatives (e.g. members of the foundation board), if these representatives may dispose over the assets or have the right to change the distribution of the assets or the nomination of beneficiaries:

First name(s), last name(s)/Company

Street/No. (actual domicile address)

Zip code, town, country (state)

Date(s) of birth Nationality

In case of a revocable foundation: Is/Are there (a) further person(s) with the right to revoke the foundation? Yes No

6. Information about other person(s) who has/have the right to revoke the foundation:

First name(s), last name(s)/Company

Street/No. (actual domicile address)

Zip code, town, country (state)

Date(s) of birth Nationality





If, at the time of the signing of Form S, it is only possible to name the group of beneficiaries and the individual beneficiaries cannot yet be named (because they do not yet exist, for example), the naming criteria (e.g. descendants of the founder) must be provided here.

SC1316CommFka001/2302B/06-2023/JSPD3/Form S (foundations)

5 - SIGNATURES

The applying company/the contractual partner is obligated to inform the card issuer of any changes. Deliberately providing false information on this form is a criminal offense (article 251 of the Swiss penal code, document forgery).

Do not forget the first name/last name of the signing person(s) in block capitals and the place/date

Town _____ Date _____	Town _____ Date _____
First name and last name (in block capitals)	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	Legally binding signature according to the commercial register, articles of incorporation or equivalent documents or power of attorney form
Signature 	Signature 

Do not forget the signature of the contractual partner(s).



SC1316CommFKa001/2302B/06-2023/JSPD3/Form S (foundations)