

## Order for the repayment of card balance

This form must be filled out, signed and submitted **by the cardholder.** For repayments of CHF/USD/EUR 50, a processing fee of CHF/USD/EUR 20 is charged. **For each card, a separate form** must be filled out and submitted. Processing can take up to four weeks. Alternatively, the balance on active cards can be reclaimed via the Swiss Bankers app or depleted through further use of the card.

Details about the card	
Please enter only <b>the first four and last four digits</b> o	of the card number:
Cardholder details	
Title: Ms Mr	
First name:	Name:
Date of birth (dd.mm.yyyy):	Nationality:
Street/house no.:	
Postcode/city, country:	
E-mail:	Phone:
Details about the bank transfer	
Please ensure that the account number (IBAN) is co	orrect and that the account is not balanced until
Account currency: CHF EUR L	JSD
IBAN:	
Name of bank:	
City, country:	
RIC/SWIFT/hank code (if account outside of Switzerlan	q).

Details of b	beneficiary (if different from cardholder)
Title:	Ms Mr
First name:	:Name:
Nationality	r.
Street/hous	se no.:
Postcode/d	city, country:
Please just is to the ca	rify the repayment of the credit balance in favour of the beneficiary and what your relationship ardholder:
Cancellati	on of card
Do you wis paid out?	sh to cancel the above-mentioned prepaid credit card once the remaining balance has been
Yes	□ No
If yes, reaso	on for termination (please tick the appropriate box):
No inte	ended use
Produc	et change
The ap	op does not meet expectations
Produc	ct/Service does not meet expectations
Fee mo	odel does not meet expectations
Other reaso	on:
i	Your checklist  - The form has been fully completed and signed  - A valid copy of the ID or passport of the cardholder is enclosed
	this document, you confirm that you have attached the listed documents for repayment. I can only be processed if the <b>form is completely filled out.</b>
	d this form and additional documents <b>by e-mail</b> to info@swissbankers.ch <b>or by post</b> to kers Prepaid Services Ltd, Customer Service, Kramgasse 4, 3506 Grosshöchstetten.
Place, date	e: Signature or electronic signature: