SWISS BANKERS

Order for the repayment of card balances (for corporate customers)

This form must be filled out, signed and submitted **by the corporate customer.** 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.

Please note the following points:

- A handling fee of CHF/USD/EUR 20 **per card** is charged. No payment will be made if the available balance is equal to or lower than the processing fee. In such cases, the card will be cancelled and the remaining balance will be credited to the Bank.
- Please indicate for **each card** the payment account to which the balance is to be transferred.
- The card balance will only be **repaid** to a Swiss bank account in the name of the cardholder (company).
  The bank accepts no liability for refunds paid into third-party accounts unless required otherwise by law.
- The card is closed after repayment of the card balance, unless continuation is expressly requested.

Details about the cards

Please enter only **the first four and last four digits** of the card number for up to five cards and indicate whether the prepaid card should be **closed after the residual balance has been paid out.**

Card 1 — Closure after payment

_ _ _ _	X X X X	X X X X	_ _ _ _

● Yes ☐ No

Card 2

_ _ _ _	X X X X	X X X X	_ _ _ _

● Yes ☐ No

Card 3

_ _ _ _	X X X X	X X X X	_ _ _ _

● Yes ☐ No

Card 4

_ _ _ _	X X X X	X X X X	_ _ _ _

● Yes ☐ No

Card 5

_ _ _ _	X X X X	X X X X	_ _ _ _

● Yes ☐ No

Swiss Bankers
Kramgasse 4
3506 Grosshöchstetten
Switzerland

T +41 31 710 12 15
info@swissbankers.ch
swissbankers.ch

Cardholder details

Title: ☐ Ms ☐ Mr

First name: _____ Name: _____

Date of birth (dd.mm.yyyy): . . _____ Nationality: _____

Details of beneficiary (company)

Company: _____

Street/house no.: _____

Postcode/city, country: _____

Details for bank transfers (business accounts)

Please ensure that all account numbers (IBAN) indicated are correct and that the respective accounts are not closed before repayment has been made. Please indicate for each payment account **the card(s)** for which the respective credit is to be transferred to the account.

Payment account in CHF

☐ Card 1 ☐ Card 2 ☐ Card 3 ☐ Card 4 ☐ Card 5

IBAN: _____

Name of bank: _____

City, country: _____

BIC/SWIFT/bank code (if account outside of Switzerland): _____

Payment account in EUR

☐ Card 1 ☐ Card 2 ☐ Card 3 ☐ Card 4 ☐ Card 5

IBAN: _____

Name of bank: _____

City, country: _____

BIC/SWIFT/bank code (if account outside of Switzerland): _____

Payment account in USD

☐ Card 1 ☐ Card 2 ☐ Card 3 ☐ Card 4 ☐ Card 5

IBAN:

Name of bank:

City, country:

BIC/SWIFT/bank code (if account outside of Switzerland):

Your checklist
- The form has been completed in full and signed by the person authorized to place the order or by the licence holder
- All cards are listed along with the first four and the last four digits
- A payment account is noted for each card
- Official document with company stamp or alternatively a commercial register extract is attached
- A valid ID or passport copy of each signatory is attached

By signing below, you confirm that all required documents have been enclosed. The refund can only be processed if the **form is completely filled out.**

Please send this form and additional documents **by e-mail** to info@swissbankers.ch **or by post** to Swiss Bankers Prepaid Services Ltd, Customer Service, Kramgasse 4, 3506 Grosshöchstetten.

First name, last name:

Signature:

Place, date:

First name, last name:

Signature:

Place, date: