

## Information required to prepare the contract documents Please fill in all fields.

Contractual partner

Name/Company		Full address				
E-mail		Telephone no.		- Nation	ality	Date of birth
<b>Preferred</b>	date for the safe de	eposit box opening (p	olease so	chedule a	about 1h on s	ite)
 Date	Time	alterr	ernative (optional):		 Date	 Time
Participati	<mark>ng person(s)</mark> at the	e safe deposit box op	ening			
Name 1		Nationality 1	Date	of birth 1		
Name 2		Nationality 2	Date	of birth 2	)	
	<mark>d person(s)</mark> I persons, the conti	ractual partner is auto	om. auth	orised (d	does not have	to be specified he
- Additional authorisati		on 1 (Authorisation:	sole colle		collective)	
Name		Full address				
E-mail		Telephone no.		- Nation	ality	Date of birth
- <u>Ad</u>	<u>Iditional authorisatio</u>	on 2 (Authorisation:	sole		collective)	
Name		Full address				
 E-mail		Telephone no.		- <del></del>	ality	 Date of birth

## **Checklist:**

Please bring with you to the appointment:

- Passport or ID of the contractual partner (original)
- Passport or ID of authorised persons (original or authentic. copy not older than 12 months)

## Additionally for companies:

- Authenticated extract from the commercial register (not older than 12 months)
- Passport or ID of the persons signing for the company on the contract and of all persons acting vis-à-vis us (original or authenticated copy not older than 12 months)

We use your data exclusively in accordance with our Data Protection Statement (https://swissgoldsafe.ch/en/data-protection-statement/).