

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

Contractual partner

Name/Company	Full address			
E-mail	Telephone no.	Nationa	ality	Date of birth
Preferred date for	the safe deposit box opening	g (please schedule a	about 1h c	n site)
		ernative (optional):		
Date Time	9		Date	Time
Participating person	on(s) at the safe deposit box	opening		
Name 1	Nationality 1	Date of birth 1		
Name 2	Nationality 2	Date of birth 2		
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Checklist:

Please bring with you to the appointment:

- Passport or ID of the contractual partner (original)
- Passport or ID of the beneficial owner(s) (original or authentic. copy not older than 12 months)
- Passport or ID of authorised person(s) (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 person(s) signing for the company on the contract and of all person(s) acting vis-à-vis us (**original** or authenticated copy not older than 12 months)



Attachment

To be filled in only if requested on the first page.

Ultimate beneficial owner(s) of the stored goods in the safe deposit box

- Person 1

Name Full address

Telephone no. Nationality Date of birth

- Person 2

Name Full address

Telephone no. Nationality Date of birth

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