

☐ Prepaid card Ucraina Visa 639/05/A65

SC: MCBGII21OA02-00099 Ref. 1649091179679



☐ Prepaid card Ucraina Mastercard<sup>@</sup> 640/05/A29

SC: MCBGII21OA02-00099 Ref. 1654069250488

## Important: all information is mandatory in order to issue the card and activate all the benefits of the card.

| Personal information on the principal card applicant                                                                                                                                                                                                                                                                                             |                |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|--|
| My name is to appear on the card as follows (First name/Last name): (max. 20 characters incl. spaces; no accents)                                                                                                                                                                                                                                |                |  |  |
| □ Mr □ Ms                                                                                                                                                                                                                                                                                                                                        |                |  |  |
| Last name                                                                                                                                                                                                                                                                                                                                        | First name     |  |  |
| Home Address:                                                                                                                                                                                                                                                                                                                                    |                |  |  |
| Street/N.                                                                                                                                                                                                                                                                                                                                        | ZIP code/Place |  |  |
| Country of residence                                                                                                                                                                                                                                                                                                                             | Nationality    |  |  |
| Date of birth                                                                                                                                                                                                                                                                                                                                    | Place of birth |  |  |
| Mobile telephone                                                                                                                                                                                                                                                                                                                                 | E-mail         |  |  |
| For the Security Check: notification if card misuse is suspected and for online shopping                                                                                                                                                                                                                                                         |                |  |  |
| Number of minor children                                                                                                                                                                                                                                                                                                                         | Civil status   |  |  |
| Residence permit <b>X</b> S                                                                                                                                                                                                                                                                                                                      |                |  |  |
| Please enclose a copy of an official identification document; for foreign nationals, please enclose a copy of the residence permit.                                                                                                                                                                                                              |                |  |  |
| Address in Switzerland:                                                                                                                                                                                                                                                                                                                          |                |  |  |
| Host: name and first name/Refugees center                                                                                                                                                                                                                                                                                                        |                |  |  |
| Street/N.                                                                                                                                                                                                                                                                                                                                        | ZIP code/Place |  |  |
| Tax Residence: The only tax residence coincides with the country of residence mentioned above yes on (in case of multiple tax residences select «no»)  If no, please indicate all countries of tax residence:                                                                                                                                    |                |  |  |
|                                                                                                                                                                                                                                                                                                                                                  |                |  |  |
| 2. Additional services                                                                                                                                                                                                                                                                                                                           |                |  |  |
| iCornèr, the free Cornèrcard client portal – Registration at icorner.ch free and included  iCornèr, the free Cornèrcard client portal – Registration at icorner.ch  - Card and data management with a click of the mouse and secure purchases online                                                                                             |                |  |  |
| 3. Form A – Declaration of identity of the beneficial owner (mandatory inf                                                                                                                                                                                                                                                                       | ormation)      |  |  |
| In accordance with Article 27 of the Agreement on the Swiss banks' code of conduct with regard to the exercise of due diligence (CDB 20), I, the principal card applicant, declare that the money due for card usage and paid to the card issuer for that purpose (please check the appropriate box):  □ belongs to the principal card applicant |                |  |  |
| belongs to the following person(s): (please provide the following information: last name(s) and first name(s) or entity, date of birth, place of birth, nationality, actual address of domicile/registered office, incl. country):                                                                                                               |                |  |  |
| As the principal card applicant/principal cardholder, I hereby undertake to automatically inform the card issuer of any changes. It is a criminal offence to deliberately provide false information on this form (Article 251 of the Swiss Criminal Code, document forgery).                                                                     |                |  |  |
| 4. Source of the funds                                                                                                                                                                                                                                                                                                                           |                |  |  |
| Funds used to pay the monthly statement (or any additional amount) or to reload the prepaid card.                                                                                                                                                                                                                                                |                |  |  |
| □ Savings □ Income □ Family assets □ Inheritance/donation □ Other (please specify)                                                                                                                                                                                                                                                               |                |  |  |

# 06.2022

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We hereby confirm that the information provided in this application for a credit card (main card and, to the extent applicable, additional card) or a prepaid and rechargeable card is correct and authorize (Cornér Bank Ltd. (hereinafter referred to as the "Bank") to obtain from third parties, in particular from the Central Office for Credit Information (ZEKI) and public bodies (for example debt enforcement authorities, tax offices, and residents' registration offices), credit reference agencies, employers, and other suitable sources of information provided by law (for example feath for a contract management and the contract management. We also authorize the Bank to notify the ZEK in cases where our card is blocked or used fraudulently or we are in significant arrears of payment or any similar circumstances. We hereby authorize the Bank to decline this application it its discretion without giving any reason. On acceptance of this card application, we will receive the cards requested, a copy of this application and the credit option agreement, the General Terms and Conditions (GTC) for our Visa and Mastercard credit and prepaid cards, as well as our unique PIN. The GTC can be accessed or ordered at any time at cornerard. Chriefzet (Visa/Mastercard) and dinersculb. Chriefzet (Dirers Club) for by calling 44 19 1800 41 41. All legal relations with the Bank will be governed by and construed in accordance with Swiss law. Lugano will be the place of performance, the place of debt enforcement for Cardholders resident abroad, and the exclusive place of jurisdiction for a disputes, subject to mandatory provisions of Swiss law. By using and/or signing the card, we comfirm that we have received and understood the GTC of the Bank and, to the extent relevant, the General Terms of Insurance (GTI) and that we accept all the applicable terms. Charges, interest trates, and fees. Should we apply for a further cornerard chrift-prices (Visa/Mastercard) or dinersolute) or visa to switch to a different product, the Bank and, to the exc

Insurance mediation and data protection: We acknowledge and accept that, depending on the card product selected, insurance benefits may also be included. The General Terms of Insurance (GTI) for insurance cover provided automatically and free of charge with Cornercard products can be accessed or ordered at any time at cornercard.ch/e/gtc (Visa/Mastercard) and dinersclub.ch/e/documents (Diners Club). We acknowledge that the respective insurer alone is liable for any errors, negligence, or incorrect information in connection with the insurance contracts it provides. Personal data made available in connection with any insurance may be disclosed to the insurers and will be processed by the Bank and the insurers exclusively for the purpose of concluding and administering the insurance contract and in the event of a claim. Personal data may be disclosed to authorized third parties and/or other Group companies and/or the insurer for the purpose of processing the insurance contract. Data may be transferred abroad if such third country provides for equivalent data protection (recognized as such by Swiss data protection legislation). Edition 01.2022

Declaration for the requested additional services: In our capacity as signatories of the application for a credit card (principal and/or additional card) or a prepaid or reloadable card, we acknowledge that on acceptance of this application for the requested additional services from Cornèr Bank Ltd., or from Securicard SA for the Securicard products, we will receive a written confirmation. Right of withdrawal: 14 days after the start of the insurance in accordance with Insurance Contract Act Art. 2a. The withdrawal may be made in writing or in another form that allows proof by text. The respective terms and conditions (General Terms of Insurance and other Terms of suce, as applicable) for the above-mentioned services as well as the information on the respective insurer can be viewed at cornercard.ch/e/gf or can be requested by calling +41 91 800 41 41. The terms and conditions for Securicard products can be viewed at securicard.ch or can be requested by calling +41 58 122 10 10. Any applicable insurance premiums or service fees will be charged to our card automatically. The insurance begins on the date stated in the insurance confirmation. The insurance ends if it is cancelled, the premiums due are not paid, the card is definitively blocked or the contractual relationship with the insurare is terminated. Insurance coverage and services are provided exclusively in accordance with the General Terms of Insurance for payment protection insurance, travel accident Advantage, extended warranty for electrical and electronic appliances, private and motor legal protection insurance and for Securicard insurance benefits. Edition 01.2022

With the signature of the application we confirm to have read and understood the terms and conditions applicable to the additional services (General Terms of Insurance, other Terms of use, as applicable) and that we accept them without reservation.

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By signing I confirm that I have taken note of, and understood, the above information.

Place/Date Prepaid card applicant



## 8. Have you remembered everything?

- ☐ Mobile telephone and e-mail address provided?
- ☐ Have you filled out form A completely?
- ☐ Have you signed and dated your application?
- ☐ Have you enclosed a copy of your identification document (driver's license, passport, ID card, work permit)?

Copy front and back and make sure that photos and text are legible.



Important! Please sign the card application and send all the enclosures to: Cornèr Bank Ltd., Cornèrcard, Via Canova 16, 6901 Lugano



Documents can be sent by e-mail to: infocard@cornercard.ch In the subject line please indicate: Ukraine

Maximum total weight of message with two attachments: 10 MB



# Instructions for sending.





- 1 Duly complete all the fields and sign the form.
- 2 Enclose all the documents necessary.
- 3 Cut out the prepaid coupon on the last page of this letter.
- Glue the prepaid coupon to the upper right-hand corner of an envelope with a maximum size of B4 (353  $\times$  250 mm).





GAS/ECR/ICR

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Cornèr Banca SA Cornèrcard Via Canova 16 Casella postale 6901 Lugano