SVISS BANKERS

Request for Card Balance Refund

The refund request must be filled out completely and signed by the card holder. For balance refunds of multiple cards, a separate form must be filled out for each bank or PostFinance account. In the case of incorrect or incomplete data the request cannot be processed. A fee of CHF/EUR/USD 20 is charged according to the account currency if the balance to be reimbursed is higher than CHF/EUR/USD 50.

The request has to be mailed, faxed or scanned and e-mailed to the following address: Swiss Bankers Prepaid Services Ltd, Customer Service, Kramgasse 4, CH-3506 Grosshöchstetten; Fax +41 31 710 12 05; <u>info@swissbankers.ch</u>

A			(Please	e fill in o	only th	ne first fou	ur and	d the I	ast fo	ur digi	is)					
Card Number			Х	Х	Х	Х	Х	Х	Х	Х						
Leat Name																
Last Name						First Na	ame									
Street / No.																
Deatel Cada		Diaco						Caura	4 m (
Postal Code		Place						Coun	uy							
Phone No.						E-m	ail									
Date of Birth																
Transfer to Bank	Account						1								F	
IBAN																
Bank Name						Pla	се									
Account Currency CHF EUR USD																
Additionally, for fo	reign payment	s:														
BIC						SWI	FT									
Transfer to Post	Transfer to PostFinance account															
IBAN] [Γ	
Information on b	eneficiary in c	ase not i	dentical	with t	he ca	rd holdei	r:									
Name / Address																
I herewith authoriz	ze Swiss Bank	ers Prepai	d Servic	es Ltd	to trar	nsfer my o	card I	balanc	e to t	he abc	ve me	entior	ned a	ccou	nt	
Card cancellation	n															

Would you like to cancel your card after the refund has been executed? $\hfill Yes \hfill Yes \hfill No$

Reason for the cancellation

Place and Date

Signature of Cardholder