

# Change of address

**Dispatch address**

bank zweiplus ltd  
Account Services  
P.O. Box  
CH-8048 Zurich

**Reference number** \_\_\_\_\_

Change of address can only be carried out in writing. Please complete this form with your signature and return it to bank zweiplus ltd.

**Customer data**

Company	
Last name	First name

**Previous address**

Street/no.
Post code/place
Country

**New address**

Street/no.	
Post code/place	
Country	
Phone (private)	Phone (business)
Mobile phone	E-mail
Valid from	

Place/date	<b>X</b> <b>Signature</b>
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Received on \_\_\_\_\_

personally     e-mail     e-banking  
 telephone     letter     fax    Initials CRM \_\_\_\_\_