

## Application to open a capital contribution account

### Company details

Company name	<hr/>	
Registered office	<hr/>	
Legal form	<input type="checkbox"/> Public limited company	<input type="checkbox"/> limited liability company
	<input type="checkbox"/> Foundation	
Industry	<hr/>	
Purpose of the company	<hr/>	

### Details of the opener(s)

(the natural persons who sign this application are deemed to be the openers)

#### Opener 1

Name	<hr/>	First name	<hr/>
Date of birth	<hr/>	Nationality	<hr/>
Telephone	<hr/>	E-mail	<hr/>
Address of residence	<hr/>		
Country	<hr/>		

#### Opener 2

Name	<hr/>	First name	<hr/>
Date of birth	<hr/>	Nationality	<hr/>
Telephone	<hr/>	E-mail	<hr/>
Address of residence	<hr/>		
Country	<hr/>		

### Is the founding capital paid in exclusively by the opener(s)?

- ☐ Yes
- ☐ No. Please provide details of the contributor(s) in the attached appendix (page 3)

## Fiduciary opening and/or deposit for third parties

Is the opening and/or deposit made in trust for a third party?

☐ No ☐ Yes, namely: Details of third party

Name	_____	First name	_____
Date of birth	_____	Nationality	_____
Address of residence	_____		
Company, registered office address	_____		
Country	_____		

## Founding capital

Capital contribution to be confirmed CHF \_\_\_\_\_

## Delivery address of the capital contribution certificate

The confirmation is to be sent to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The capital contribution is to be transferred as follows once the company has been established:

- ☐ to a new account to be opened with Tellco Bank Ltd (separate opening process for investments of CHF 250'000 or more)
- ☐ to an existing account in the name of the company  
Bank \_\_\_\_\_ IBAN \_\_\_\_\_
- ☐ will be announced at a later date.

## Commission

The current fees can be found on our homepage [www.tellco.ch](http://www.tellco.ch).

## Occupational benefit plan / daily sickness- and accident benefit insurance

- ☐ We need a pension solution and would like some advice.

Contact person \_\_\_\_\_ Telephone no. \_\_\_\_\_

Contributor(s)

We need the details of the contributor(s) of the company in advance.

\_\_\_\_\_ (please add company name)

First name, surname or company	Address of residence/registered office (incl. country)	Date of birth, Nationality or date of foundation	Deposit amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Place/Date

\_\_\_\_\_  
Signature

Please complete, sign and return this form together with a certified copy of the identity card of the applicant(s):

Tellco Bank Ltd, Seestrasse 61, 8002 Zurich