Application to open a capital contribution account

Company details

Company name _____

Registered office _____

Legal form ☐ Public limited company ☐ limited liability company

☐ Foundation

Industry _____

Purpose of the company _____

Details of the opener(s)

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

Opener 1

Name _____ First name _____

Date of birth _____ Nationality _____

Telephone _____ E-mail _____

Address of residence _____

Country _____

Opener 2

Name _____ First name _____

Date of birth _____ Nationality _____

Telephone _____ E-mail _____

Address of residence _____

Country _____

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.

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