



ZÜRCHER PRIVATE BANK INTERNET BANKING APPLICATION

Offshore Banking

CUSTOMER INFORMATION

Salutation:  Mr.  Mrs.  Miss.  Dr.  Other:

Name: (First)  (Last)

E-mail:

Address:

Date of Birth: (DD/MM/YYYY)

Telephone:  Mobile:

Would you like the option to send Wires:  Yes  No If Yes, select wire limit:  €1 – €100,000 (Default)

1 – €500,000

1 – €1,000,000

1 – €10,000,000

1 – €100,000,000

OTHER (PLEASE SPECIFY):

Name (Print) Customer Signature Date (DD/MM/YYYY)

BANK USE ONLY

APPROVED BY     
Name (Print) Signature Date (DD/MM/YYYY)

CHECKED BY     
Name (Print) Signature Date (DD/MM/YYYY)

REFERENCE NUMBER:  CUSTOMER NUMBER:

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**PERSONAL APPLICATION FORM EXPLANATION**

ALL FIELDS MUST BE COMPLETED BEFORE SUBMITTING THE APPLICATION FORM TO THE BANK.

**Page 1. Client Information**

First Name: Your given/Christian name.

Last Name: Your last name/surname.

E-mail: Your business or personal e-mail address.

Address: Your home address.

Telephone: Your contact telephone number and cellular number (if applicable).