



REQUEST FOR AN ACCOUNT

Name of the account : _____

Legal representative: Person authorised to act on behalf of the entity and take legal decisions on its behalf.

Legal representative	1	2
Last name(s)		
First name(s)		
Date and place of birth		
Nationality		
Home address - street, n°		
City, country		
Phone		
Business sector		
Name of the employer		
Email		
Holder of a public office	<input type="checkbox"/> yes* <input type="checkbox"/> no	<input type="checkbox"/> yes* <input type="checkbox"/> no
* If yes: Function :		
Institution :		
Start date :		
End date :		

Legal representative	3	4
Last name(s)		
First name(s)		
Date and place of birth		
Nationality		
Home address - street, n°		
City, country		
Phone		
Business sector		
Name of the employer		
Email		
Holder of a public office	<input type="checkbox"/> yes* <input type="checkbox"/> no	<input type="checkbox"/> yes* <input type="checkbox"/> no
* If yes: Function :		
Institution :		
Start date :		
End date :		

USE OF THE ACCOUNT

Purpose of account : Reason(s) for segregation of several accounts (please specify):

Source of funds deposited in the account :

Country : _____

Source of income : _____

Nature of incoming transactions : _____

Nature of outgoing transactions :

Current expenses

Operating expenses

Others : _____

CONDITIONS AND SIGNATURES

Account holder

The signatory(ies) below

- declare(s) to have read, understood and accepted in full the information on this form, the general and special terms and conditions for POST Finance professional customers and the Personal Data Notice. These documents are available at www.post.lu, at any point of sale and on eboo ebanking.
- authorize(s) the «company» to open the bank account.

Representative 1

Date : _____

Name(s) and signature : _____

Representative 2

Date : _____

Name(s) and signature : _____

Representative 4

Date : _____

Name(s) and signature : _____

Representative 5

Date : _____

Name(s) and signature : _____

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Signature : _____



N° compte :

L U 1 1 1 1 0 0 0 0

Account holder - Name: _____

The amended law of 12 November 2004 on the fight against money laundering and terrorist financing makes it compulsory to identify the beneficial owner of any account. The beneficial owner is the physical person who controls the entity and/or holds at least 25% of its shares.

Beneficial owner	1	2
Last name(s)		
First name(s)		
Date and place of birth		
Nationality		
Home address - street, n°		
City, country		
Profession/sector of activity/ employer		
Holder of a public office	<input type="checkbox"/> yes* <input type="checkbox"/> no	<input type="checkbox"/> yes* <input type="checkbox"/> no
* if yes : Function:		
Institution:		
Start date:		
End date:		

Beneficial owner	3	4
Last name(s)		
First name(s)		
Date and place of birth		
Nationality		
Home address - street, n°		
City, country		
Profession/sector of activity/ employer		
Holder of a public office	<input type="checkbox"/> yes* <input type="checkbox"/> no	<input type="checkbox"/> yes* <input type="checkbox"/> no
* if yes : Function:		
Institution:		
Start date:		
End date:		

The assets deposited in the account originate from: _____

The account will be used for the following purpose:

Current expenses

Others: _____

The signatory agrees to inform POST Finance in writing and without delay of any change in the foregoing declarations and certifies that this declaration is accurate.

Place and date: _____

Legal representative 1

Legal representative 2

Legal representative 3

Legal representative 4

Name

Name

Name

Name

Signature

Signature

Signature

Signature

Beneficial owner 1

Beneficial owner 2

Beneficial owner 3

Beneficial owner 4

Name

Name

Name

Name

Signature

Signature

Signature

Signature

Documents to be joined to this form (for each signatory):

- Copy of both sides of an identity document that is still valid and legible
- Proof of residence (e.g. residence certificate) issued less than 3 months old

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Signature

This information is mandatory for the management of your account and associated payment methods. In accordance with the law, you have the right to access, modify and delete any data concerning you, as well as the right to object to the processing of such data on legitimate grounds. For further information, please consult the Data Protection Policy in the Terms and Conditions. www.post.lu

L U 1 1 1 1 0 0 0 0

Account holder – Name: _____

Signatures:

(Persons authorised to carry out transactions on the above account)*

Mandated	1	2
Legal representative	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Last name(s)		
First name(s)		
Date and place of birth		
Nationality		
Home address: street, n°, city, country	_____ _____	_____ _____
Position within the company		
Profession/sector of activity/ employer <i>(if not employed by account holder)</i>		
Signature	_____	_____

Mandated	3	4
Legal representative	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Last name(s)		
First name(s)		
Date and place of birth		
Nationality		
Home address: street, n°, city, country	_____ _____	_____ _____
Position within the company		
Profession/sector of activity/ employer <i>(if not employed by account holder)</i>		
Signature	_____	_____

We, the undersigned legal representatives of the account holder, hereby authorize the above signatories to operate the account in question opened with POST Luxembourg.

Place and date: _____

Legal representative 1

Legal representative 2

Legal representative 3

Legal representative 4

Name

Name

Name

Name

Signature

Signature

Signature

Signature

Documents to be joined to this form (for each signatory):

- Copy of both sides of an identity document that is still valid and legible
- Proof of residence (e.g. residence certificate) issued less than 3 months

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Signature

Important notes:

- In the event of changes concerning the mandated persons or their powers, the persons authorized to represent the entity must inform POST Finance immediately by registered letter. POST Finance cannot be held liable for the consequences of any changes not notified to them.
- Any new signature form cancels the previous form. Therefore, for previous signatures to remain applicable, all signatures on the form must be renewed.
- This form is preserved by POST Finance. The signatures on this form are only valid for transactions with POST Finance.

**This information is mandatory for the management of your account and associated payment methods. In accordance with the law, you have the right to access, modify and delete any data concerning you, as well as the right to object to the processing of such data on legitimate grounds. For further information, please consult the Data Protection Policy in the Terms and Conditions. www.post.lu*

POST Luxembourg

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