



WELCOME PACK - ASSOCIATIONS, CLUBS & NGO'S

Welcome to POST Luxembourg!

Thank you for your interest in our simple and accessible bank packages, designed to support your association throughout all your projects.

Benefit from numerous advantages with POST Finance:

- A simplified price list, with transparent, straightforward offers and no hidden charges
 - ebanking transfers
 - card payments
 - cash withdrawals at ATM's
- FREE OF CHARGE, all banks, all countries!**
- Our dedicated teams are available for advice and support, by phone from 7am to 8pm, Monday to Saturday, or via our points of sale.

YOUR ACCOUNT IN 3 STEPS !

We will guide you through the process of opening an account, following the **3 steps** described below.

For your understanding, you will also find more detailed explanations in the section "DEFINITIONS AND ADDITIONAL EXPLANATIONS".

#Tip for processing your application as quickly as possible:

Provide all the requested information and explain as extensively as possible your activity, your previous associative experience, etc.

Questions?

Give us a call!

8002 8004 from 7am to 8pm, Monday to Saturday

Write us!

contactpro.finance@post.lu

1

FILL IN THE FORMS

2

ENCLOSE DOCUMENTS

3

SUBMIT YOUR REQUEST

OUR PACKAGES FOR ASSOCIATIONS, CLUBS & NGO'S



Club pack

You are eligible if you are an organisation, club, NGO, etc., with no employees, and work on a voluntary basis

€6⁰⁰ /month

INCLUDED IN THIS PACKAGE

- ✓ Current account
- ✓ **eboo** eBanking access
- ✓ **Raiffeisen** and **Spuerkess** account visibility
- ✓ LuxTrust Mobile
- ✓ Production of a RIB (account details slip)
- ✓ Creation of standing orders
- ✓ Free Online Transfer



PRO pack

A basic solution that meets your daily needs

€20⁰⁰ /month

INCLUDED IN THIS PACKAGE

- ✓ Current account
- ✓ **eboo** eBanking access
- ✓ **Raiffeisen** and **Spuerkess** account visibility
- ✓ LuxTrust Mobile
- ✓ Production of a RIB (account details slip)
- ✓ Creation of standing orders
- ✓ Free Online Transfer
- ✓ Visa Debit included



PRO+ pack

An advanced solution for your specific financial management and multi-banking needs

€30⁰⁰ /month

INCLUDED IN THIS PACKAGE

- ✓ Current account
- ✓ MultiLine eBanking access
- ✓ Multi-banking management
- ✓ SEPA direct debit
- ✓ LuxTrust Smart Card Pro secure connection
- ✓ Direct debits
- ✓ Multiple account statement formats
- ✓ Free Online Transfer
- ✓ SEPA Direct Debit
- ✓ Visa Debit included

1 FILL IN THE FORMS

Enclosed forms

- ☐ Identification of your entity
- ☐ Identification of the legal representatives
- ☐ Choice of Package and additional services
- ☐ Conditions and signatures
- ☐ Identification of the beneficial owners
- ☐ Signature form

Forms available on our website www.post.lu/finance-documentation or at our points of sale

- ☐ MultiLine form (*only for the PRO+ package*)
- ☐ Request for an additional account (*optional*)
- ☐ Request for card(s) – Business customers (*optional*)

2 ENCLOSE DOCUMENTS

Further explanations on the documents to be enclosed can be found in the chapter "DEFINITIONS AND ADDITIONAL EXPLANATIONS" on pages 3-4 of this document.

Documents of your association, club or NGO

- ☐ Extract from the RCS (less than 6 month old)
- ☐ Extract from the RBE (less than 6 month old)
- ☐ Statutes of the association
- ☐ Account statements from the last 3 months, if applicable (see question 7 on page 6)
- ☐ Commercial lease contract, if applicable
- ☐ Contract or proof of grants, if applicable (see question 3 on page 5)

Identification documents of the legal representatives / mandated / beneficial owners / cardholder

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

3

SUBMIT YOUR REQUEST

Visit one of our points of sale to hand in the documents.



DEFINITIONS AND ADDITIONAL EXPLANATIONS

This guide will help you understand and correctly fill in the forms and supporting documents, so that your application can be processed faster.

Definitions

Activity sector	The category or general nature of the entity's main activity. (Example: food processing, mechanical engineering, legal, health, etc.)
Beneficial owner	An individual who controls the entity and/or holds at least 25% of its shares.
Funds	Funds correspond to a sum of money
Holder of a public office	An individual who holds or has been entrusted with an important public function (e.g. mayor, minister, etc.).
Legal representative	Person authorised to act on behalf of the entity and take legal decisions on its behalf.
MultiLine	Multi-bank eBanking solution for business customers, enabling them to manage accounts of multiple banks
NACE code	The code designates the classification of companies by economic activity in the European Community and is generally found on your extract from the RCS. This code is established by STATEC using a questionnaire completed by the entity. The condition for obtaining it is the registration at the RCS. The official document can be added to the application to open an account.
Nature of business	Description of the type of operations or services offered by the entity. (Example: sales, services, ...)
RCS No.	The RCS (Registre du Commerce et des Sociétés) number is the unique identifier assigned to each entity when it is registered at the RCS. This number is used to identify an entity officially and legally. Registration at the RCS is carried out at the Luxembourg Business Registers (LBR) www.lbr.lu.

Explanations on the forms and supporting documents

Extract from the RBE	The RBE ("Registre des bénéficiaires effectifs", Register of beneficial owners) is a register that holds information on the beneficial owners of entities established in Luxembourg. Registration at the RBE is carried out at the Luxembourg Business Registers (LBR) www.lbr.lu. The RBE extract is the document listing the entity's beneficial owners.
Extract from the RCS	The extract from the RCS is an extract from the register of commerce and companies (Registre de commerce et des sociétés) which summarises the essential information concerning registered companies Registration at the RCS is carried out at the Luxembourg Business Registers (LBR) www.lbr.lu.
Identification of the beneficial owner	Form enabling the identification of persons who controls the entity and/or holds at least 25% of its shares.
Signature form	Form used to collect signatures from individuals authorized to carry out transactions on the account in question.
Statutes of the association	It is a legal document that sets out the rules governing the creation, structure and operation of the association and defines the relationships between the shareholders or partners, as well as their obligations and rights.

IDENTIFICATION OF YOUR ASSOCIATION, CLUB OR NGO

Legal name: _____ Name abbreviation (if applicable): _____

Legal form: _____ Former entity name (if applicable): _____

Date of constitution: _____ City/country of constitution: _____

RCS No.: _____

NACE code: _____ Nature of business: _____

Number of employees: _____ Phone: _____ Email: _____

Website (if applicable): _____

Head office address: Street: _____ Number: _____

Postal code: _____ City: _____ Country: _____

Postal address: ☐ Same as head office address or ☐ Other address (*fill in below*)

Street: _____ Number: _____

Postal code: _____ City: _____ Country: _____

The questions below help us to better understand your association, club or ONG, the nature of its business and its long-term objectives.

1. Describe your activity:

An overview of your current and future activities, your services ...

2. For what purpose was your association created?

Do you have a report on your project, a copy of your annual general meeting or minutes? (If so, please add the document to your request)

3. From which sources/activities and which countries do the funds invested in the association come?

What is the source of the funds used by your association? (Example: grants, donors/members) Please specify the country(ies) of origin of these funds and provide us with a contract or proof of grants if applicable.

4. What income do you expect over the next few years, from which countries and via which channels (bank transfer or cash)?

Specify the frequency and estimated amounts, the country or countries of origin of the funds and by what means (transfer or cash).

For example: grants, donations, etc. (please send us paper proof of these funds).

5. What outflows of funds are you expecting over the next few years, to which country and through which channel (bank transfer or cash)?

Specify how the funds will be used, to which country(ies) and by what means (transfer, account withdrawal).

Example: rentals, organisation of events, etc.

6. What advertising do you use?

What resources do you have in place to promote your business and through which channels (website, social networks, brochures, etc.)?

7. What is the motivation for opening an account with POST Finance?

If applicable, the reason for the change of bank account (in this case, please provide us with bank statements from the last 3 months).

8. What will be the main purpose of this account?

Specify how this account will be used. Example: operating expenses, salaries, investment in projects, etc...

IDENTIFICATION OF THE LEGAL REPRESENTATIVES

This section helps us to collect information about your company's legal representatives, i.e. people authorised to act on behalf of the company 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	☐ yes* ☐ no	☐ yes* ☐ 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	☐ yes* ☐ no	☐ yes* ☐ no
* If yes: Function :		
Institution :		
Start date :		
End date :		

CHOICE OF PACKAGES AND ADDITIONNEL SERVICES

PACKAGE

select the relevant package: ☐ CLUB ☐ PRO ☐ PRO +

The monthly fees for the package and possible options will be debited from

☐ this account ☐ the POST account number _____

ONLINE BANKING (EBOO / MULTILINE)

EBOO

Only for the CLUB and PRO packages

1. Legal representative

Do you have a LuxTrust device? ☐ Yes ☐ No

Phone: _____

Email : _____

2. Legal representative

Do you have a LuxTrust device? ☐ Yes ☐ No

Phone: _____

Email : _____

3. Legal representative

Do you have a LuxTrust device? ☐ Yes ☐ No

Phone: _____

Email : _____

4. Legal representative

Do you have a LuxTrust device? ☐ Yes ☐ No

Phone: _____

Email : _____

MULTILINE

Only for the PRO+ package

Please enclose the «MultiLine form» available on our website www.post.lu/finance-documentation.

If you do not have a professional LUXTRUST device, you will need to order one via www.luxtrust.lu, before continuing with the activation of the Multiline contract.

CARDS



1 Visa Debit card included in your PRO and PRO+ package (Optional at €3 for the CLUB package)

Name on the card: _____

Is the cardholder one of the legal representatives :

☐ Yes

☐ Legal representative 1

☐ Legal representative 3

☐ Legal representative 2

☐ Legal representative 4

☐ No (if no, please fill in the information below)

Last name(s): _____ First name(s): _____

Date of birth: _____ City: _____ Country: _____

Nationality(s): _____

Identity document/passport number: _____ Issued on: _____ From: _____

Address: Street: _____ Number : _____

Postal Code: _____ City: _____ Country: _____

Phone: _____ Email : _____

Position within the association: _____

For any other additional card, please enclose the “Card application form – Business Customer” available on our website.

www.post.lu/finance-documentation

- Additional Visa Debit +4€/month
- Visa +5€/month (only for the PRO and PRO+ packages)
- Visa Gold +7€/month (only for the PRO and PRO+ packages)

ADDITIONAL ACCOUNT

For an additional account for €3 per account per month, please attach the “Request for an additional account” form available on our website www.post.lu/finance-documentation

PAPER ACCOUNT STATEMENTS

By default, the account statements are available free of charge via your EBOO/MultiLine access.

Optional paper statements at an additional cost (2€/statement)

☐ Daily

☐ Weekly

☐ Bi-monthly

☐ Monthly

☐ Additional monthly statements

The optional paper statements will be sent to the following postal address:

☐ Same as postal address on page 5 or ☐ Other address (fill in below)

Street: _____ Number: _____

Postal code: _____ City: _____ Country: _____

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 "association" to enter into a business relationship with POST Luxembourg and to open the bank account.

Representative 1	Representative 2
Date: _____	Date: _____
Name(s) and signature: _____	Name(s) and signature: _____

Representative 3	Representative 4
Date: _____	Date: _____
Name(s) and signature: _____	Name(s) and signature: _____

Cardholder of the Visa Debit card included in the package

The signatory declares that, as the future holder of the requested card (subject to its acceptance), he/she has read 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 and at any POST point of sale.

Date: _____

Name(s) and signature _____

For POST Finance use only

Autocollant guichet

Signature : _____

Personal data :

POST acts in its capacity as data controller and can be contacted directly via its customer service department: 8002 8004.

You can also contact POST's DPO (Data Protection Officer) at :

POST Luxembourg - DPO, 38 place de la gare, L-1616 Luxembourg (or by email at: privacy@post.lu)

Insofar as POST processes your personal data, you have the following rights at all times and within the limits set by law: to access your personal data, to ask for it to be corrected if it is inaccurate or incomplete, to be deleted if it is obsolete, to oppose its processing for a legitimate reason (in particular for commercial prospecting purposes), to ask to receive a copy of the personal data you have provided in a structured format (portability), to ask for the processing of your data to be restricted or their permanent deletion (right to be forgotten), ask not to be the subject of a decision based exclusively on automated processing, including profiling, or withdraw your consent.

To exercise any of these rights, you may notify your request to POST, free of charge and accompanied by a copy of your identity document, via one of the contact points above.

You may also address your complaints to the «Commission Nationale pour la Protection des Données» (CNPD), via their website: www.cnpd.lu

For further information, you can consult POST's General Terms and Conditions, Personal Data Notice and Data Protection Policy at <https://www.post.lu/particuliers/infos-aide/protection-des-donnees..>

POST Luxembourg

Adresse postale : POST Finance L-2997 Luxembourg / Tél. 8002 8004 ou +352 2424 8004 / contactpro.finance@post.lu
Bureaux et Siège : 38, place de la Gare L-1616 Luxembourg / RCS Luxembourg : J28 / TVA : LU 15400030

www.post.lu


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	☐ yes* ☐ no	☐ yes* ☐ 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	☐ yes* ☐ no	☐ yes* ☐ 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

For POST Finance use only

Autocollant guichet

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

POST Luxembourg

Adresse postale : POST Finance L-2997 Luxembourg / Tél. 8002 8004 ou +352 2424 8004 / Fax +352 40 78 37 / contactpro.finance@post.lu
Bureaux et Siège : 38, place de la Gare L-1616 Luxembourg / RCS Luxembourg : J28 / TVA : LU 15400030

www.post.lu

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Account holder – Name: _____

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

Mandated	1	2
Legal representative	☐ yes ☐ no	☐ yes ☐ 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	☐ yes ☐ no	☐ yes ☐ 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

For POST Finance use only

Autocollant guichet

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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Bureaux et Siège : 38, place de la Gare L-1616 Luxembourg / RCS Luxembourg : J28 / TVA : LU 15400030

www.post.lu

ADDITIONAL SOLUTIONS FROM POST LUXEMBOURG

You are a new company or simply looking for new telecommunications and mail solutions? Discover POST Luxembourg's other services and let us know what you are interested in. We will take care of forwarding your contact data to our colleagues, experts in these fields.



POST Telecom

Are you setting up your business or is it less than 24 months old?

Which IT and telecom tools and solutions should you choose?

GREAT DEAL: If you're setting up your own business, stock up on discounts!

Mobile Packages

- 3 months free BusinessEurope package

Internet offers

- 3 months free subscription

More infos at [Business creation - POST](#)



or at **8002 4000**



POST Courier

Does your company regularly send mail or parcels?

Take advantage of our mail and parcel processing services, our counter network and our logistics solutions!

-  Delivery and collection of mail and parcels
-  Various franking and labelling options
-  Payment by monthly invoice

More infos at www.post.lu/en/business



or at **2424 6080**

Are you interested in our products and services and would you like some personalized advice?

Go to our online contact form or simply fill in the information below to enable us to contact you by phone or email.

I am interested in

- ☐ POST Telecom offers
☐ POST Courier offers

Last name and first name: _____

Phone: _____

Email: _____

Message: _____

CONFIRMATION OF YOUR ACCOUNT APPLICATION

POST Finance confirms receipt of your 'Welcome Pack' application for opening a professional bank account.

To be filled out by the customer

Name of the entity: _____

Name of the depositor: _____

Signature: _____

For POST Finance use only

Autocollant guichet :

Signature: _____

We will get back to you as soon as possible to complete your file if necessary, or to confirm the activation of your eboo pack.

Questions about the status of your request?

Call us! 8002 8004 from 7 AM to 8 PM, Monday to Saturday

Write us! contactpro.finance@post.lu