

## 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](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