

Account Transfer Service

Benefit from the free-of-charge account transfer service at Credit Suisse

You have decided to make Credit Suisse your primary bank and would like transfer the relationship and existing banking setups to Credit Suisse? We will gladly assist you with the administration.

Tip: You can request an overview of the existing banking services from your current bank or directly from their online banking portal.

Please complete one form per person.

Account Transfer Service for

Client No. (CIF) (to be completed by the bank)

First name, last name

1. Accounts (Please contact the Privilegia Team separately regarding 3rd Pillar – this is not supported by Front Support)

Account type at current bank	IBAN of current Bank	Validate	In the name of (first and last name)
_____	_____		_____
	Account closure by (date)		CS account no. opened? If yes, which type ¹⁾
	_____		<input type="checkbox"/>
Account type at current bank	IBAN of current Bank	Validate	In the name of (first and last name)
_____	_____		_____
	Account closure by (date)		CS account no. opened? If yes, which type ¹⁾
	_____		<input type="checkbox"/>
Account type at current bank	IBAN of current Bank	Validate	In the name of (first and last name)
_____	_____		_____
	Account closure by (date)		CS account no. opened? If yes, which type ¹⁾
	_____		<input type="checkbox"/>
Account type at current bank	IBAN of current Bank	Validate	In the name of (first and last name)
_____	_____		_____
	Account closure by (date)		CS account no. opened? If yes, which type ¹⁾
	_____		<input type="checkbox"/>

¹⁾ If there is more than one account type, please specify which account no. should go where.

2. Employer or Pension Fund

Employer or Pension Fund	Contact Person	Address (street, no., postcode, city)
_____	_____	_____
_____	_____	_____
_____	_____	_____

To be credited to Credit Suisse account no. _____

3. Direct Debit (LSV) or Standing Orders (DAs)

Institution	Name of Institution	Address (street, no., postcode, city)	Periodicity
_____	_____	_____	_____
	IBAN of Institution or post account-no. and ref. or. (ESR)	Amount (CHF)	Transfer on (Date)
	_____	_____	_____

Please specify Direct Debit (LSV) or Standing Orders (DAs).

Institution	Name of Institution	Address (street, no., postcode, city)	Periodicity
	IBAN of Institution or post account-no. and ref. or. (ESR)	Amount (CHF)	Transfer on (Date)

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Institution	Name of Institution	Address (street, no., postcode, city)	Periodicity
	IBAN of Institution or post account-no. and ref. or. (ESR)	Amount (CHF)	Transfer on (Date)

To be debited from Credit Suisse account no.

Telephone availability

If you have any further questions, our account transfer service advisors will be happy to contact you by telephone. Please indicate the best time to reach you (Monday–Friday, 08:00 a.m.–05:00 p.m.).

Phone/mobile number	Date	Time
_____	_____	_____

Please have the necessary information on hand for the phone call so that we can help you as much as possible.

Contact Us

Your advisor will be happy to arrange a personal consultation.
 Call us at 0848 880 840. Lines are open Monday to Friday from 8:00 a.m. to 8:00 p.m.
 You can find these documents and further information online at: www.credit-suisse.com/accounttransfer