

New Password

Account No.:

Account holder

First Name:

Last Name:

Date of birth:

Street/no:

ZIP code/City:

(Hereinafter referred to as the „Account holder“)

The account holder declares that his/her password has been lost and has to be blocked. The account holder would like to receive a new password.

.....
Place, Date

.....
Signature of the account holder



SCMBD

Please send this document duly signed to: Swissquote Bank Ltd, Administration, Chemin de la Crétaux 33, P.O. Box 319, CH-1196 Gland