



## Request for the opening of a HVF account

### Address of the vehicle's owner

Name/company .....

Address 1<sup>st</sup> line .....

Address 2<sup>nd</sup> line .....

Postcode, place .....

Country .....

Contact .....

Language .....

Phone .....

Mobile .....

E-mail .....

**FOCBS**  
**FINANCE**  
**CSP / HVF**  
**Taubenstrasse 16**  
**CH - 3003 BERNE**

### Invoicing address (only if it is different from the one of the vehicle's owner)

Name/company .....

Address 1<sup>st</sup> line .....

Address 2<sup>nd</sup> line .....

Postcode, place .....

Country .....

Contact .....

Language .....

Phone .....

Mobile .....

E-mail .....

### Security necessary in CHF

(No. 6 + 7 Information sheet) .....

### Kind of security (please cross the appropriate box)

(No. 7 Information sheet)    Cash deposit                   

    General guarantee                   

### Kind of payment (please cross the appropriate box)

(No. 3 Information sheet)    Payment form with reference number   

    Direct recovery system (LSV)           

    Bank account                               

We accept the conditions stated in the leaflet «HVF account for foreign vehicles» (56.80 form).

Place, date

Company, authorized signature

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