

Change of address/addition of contact details

Client number _____

Surname _____ First name _____

Previous address

Address _____

Postcode/town _____ Country _____

New address: tax domicile (must be filled in)

Surname _____ First name _____

Address _____

Post code/town _____ Country _____

Date of birth _____

Phone _____ Mobile _____

E-mail _____ Valid from _____

Mailing address (optional)

Surname _____ First name _____

Address _____

Post code/town _____ Country _____

Phone _____ Mobile _____

I hereby confirm that the details I have supplied with respect to my tax domicile are true and correct.
 I undertake to notify you of any change in address within 30 days and am aware of the respective provisions in the General Terms and Conditions of Avadis Vermögensbildung SICAV (retrievable at www.avadis.ch).

Place, date _____ **Signature** _____

Place, date * _____ **Signature*** _____

(*To be completed only in the case of a joint securities account)