



## 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 .....

Fax .....

E-mail .....

**DIVISION FINANCE & CONTROLLING**  
**CSP / HVF SECTION**  
**MONBIJOUSTRASSE 91**  
**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 .....

Fax .....

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	<input type="checkbox"/>
General guarantee	<input type="checkbox"/>
Deposit of securities	<input type="checkbox"/>

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

(No. 3 Information sheet)

Payment form with reference number	<input type="checkbox"/>
Direct recovery system (LSV)	<input type="checkbox"/>
Bank account	<input type="checkbox"/>

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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