



DIGITAL DECLARATION - PRIVATE CUSTOMER

Declaration on the digital transmission of information and documents as well as on the transmission of information and documents to or from my tax advisor/auditor.

Customer Details				
lame*	Address*			
Customer number (= HVB partner number) *	Bank code / IBAN*			
Contact	Email			
Tax Advisor/Auditor				
lame*	Address*	Address*		
f applicable, client no.	Email			
Contact	Phone		Website	
* Mandatory				
I agree to the following sections (please tick the alternative): I hereby confirm that the information and documents sent to your company by myself or by persons who are authorized to represent me or who are commissioned by me, digitally or on data carriers, are binding. It is irrelevant whether this information or documents are submitted with or without an electronic signature. Documents sent to your company electronically or on data carriers are therefore equivalent in their legal significance to documents in paper form with a signature. You are entitled to request all documents and information that you need with regard to my loan agreements concluded with you or possibly to be newly concluded directly from my tax advisor/auditor. At the same time, I authorize my tax advisor/auditor to pass on the information and documents requested by you to you. The data can be passed on in paper form or electronically by means of a read-only file (z.B. PDF) or on data carriers. The documents, information and data sent to you by my tax advisor/auditor in paper form or electronically or on data carriers are identical in their legal significance to the documents in paper form with a signature and are recognized by me as binding.	submitted electronic the case I assure y receive d and comp You are eand data tronic form You are earn data tronic form This decl	I with or without an electransmission or with of transmission in payou that the documen irectly from the tax adolete information and entitled to pass on the to my tax advisor/audm or on data carriers.	ts, information and data that you dvisor/auditor are based on correct documents. required documents, information ditor on request in paper form, electax advisor/auditor for the purpose elected by me).	
Place, Date		Will be filled in by bank Signature verified and document archived in FileNet		
Signature(s)				
	Date	Name of employee	Signature of employee	