CONFIDENTIAL

Client No. :

Enquiry form for natural persons

Banque Cantonale du Valais
Walliser Kantonalbank

Name and first name(s) : ☐ Ms. ☐ Mrs. ☐ Mr.

Father's name :

Date of birth : / / / /

Address : Street and number
Zip code and place Country

Telephone number / E-mail : Home Office
Mobile E-mail

Marital status : ☐ single ☐ married ☐ separated ☐ divorced ☐ widowed ☐ registered

If married, name before marriage : Marital statut

Spouse's name and first name(s) : Date of birth / /

Spouse's father's name :

Number of children : First name(s) Date of birth / /

Nationality : Residence permit

Place of birth :

Language : ☐ English ☐ French ☐ German ☐ other

Professional position : ☐ employed ☐ self-employed ☐ no gainful occupation ☐ retired ☐ person of independent means

Husband's occupation / employer : since / /
If retired, please state previous occupation

Wife's occupation / employer : since / /

If self-employed as a company, managing director or public attorney, please state sector and function

Second job(s) :

Gross income : year

Spouse's gross income : year

Additional gross income : year

Movable assets : (e.g. savings, securities, life insurance)

Fixed assets : (e.g. real estates)

Debts (including guarantees) : Institute:

leasing / personal credit

Other liabilities (e.g. rent) :

Projects : ☐ purchase / construction ☐

Hobbies (e.g. sports) :

Notary's name :

The undersigned attests that the above informations are correct.
Within the scope of a credit request you authorize BCVs to obtain information from the debt enforcement office.

Place and date :	Client's signature Spouse's signature

These signatures cancel and replace all signatures in our files.