

Client registration form

Surname	_____	Surname	_____
First name	_____	First name	_____
Street/No.	_____	Street/No.	_____
Postcode/town	_____	Postcode/town	_____
Date of birth	_____	Date of birth	_____
Denomination	_____	Denomination	_____
Civil status	_____	Civil status	_____
Place of origin	_____	Place of origin	_____
Nationality	_____	Nationality	_____
Residence permit	_____	Residence permit	_____
Occupation	_____	Occupation	_____
Employer	_____	Employer	_____
Work location	_____	Work location	_____

The best way to reach you

Tel (mobile)	_____	Tel (mobile)	_____
Email	_____	Email	_____

How did you hear about finarenco?

☐ Recommendation _____

☐ Website _____

☐ Other _____

☐ I/We accept the General Terms and Conditions and confirm that I/we have read and agree to the privacy policy; both documents are published at www.finarenco.ch.

Place, date

Signature

Signature