philoro
SAFE DEPOSIT BOX

philoro
VIEL GOLD. VIEL ZUKUNFT.

ACCESS AUTHORIZATION

Status: February 2025

PRINCIPAL

Last name

First name

Contract number

Safe deposit box number

With immediate effect, I authorize the following person to have sole access to the aforementioned safe deposit box and its contents.

Notes on authorization: The revocation of this authorization must be sent to philoro in writing. philoro is not liable for any damages incurred by the renter due to the authorization. In particular, philoro is not liable - to the extent permitted by law - for damage to or removal of items from the rental object.

AUTHORIZED PERSON

Last name*

First name*

Phone*

E-Mail*

Street, building number

ZIP

City

Date of birth*

Nationality

Identity card no.

Passport no.

Driver's licence no.

valid until

Issuing authority

Type of power of attorney, beyond death Yes No

The fields marked with an asterisk (*) are mandatory for the authorized representative.

philoro
SAFE DEPOSIT BOX

philoro
VIEL GOLD. VIEL ZUKUNFT.

ACCESS AUTHORIZATION

Status: February 2025

KEY HANDOVER

Number of access cards

By signing, I confirm that I have received the stated number of access cards.

City | Date | Signature

SIGNATURES

Principal

By signing, I, as the renter, confirm that the information on the authorization is correct in terms of content.

City | Date | Signature Principal

Authorized representative

I hereby confirm that I have read and acknowledged the ‚Privacy Policy for the Safe Deposit Box`.

City | Date | Signature Authorized representative

Branch Employee

City | Date | Signature philoro Employee