

**Cembra Money Bank AG**  
Customer Service  
P.O. Box  
8048 Zurich

Phone +41 44 439 40 20  
[www.cembra.ch](http://www.cembra.ch)

## Mastercard limit increase

Dear Customer,

Thank you for your interest in increasing your Mastercard credit limit. We are always happy to review your limit based on recent information. Accordingly, we ask you to fill in and sign the form below, attach the required documents and send it to this address:

Cembra Money Bank AG  
Customer Service  
P.O. Box  
8048 Zurich

We will communicate the results of our review to you within 14 days of receiving your form.

Please do not hesitate to contact us on the telephone number 044 439 40 20 if you have any further questions.

Yours sincerely,  
**Cembra Money Bank AG**

(Document without signature)

## Mastercard limit increase application

Last name

First name

Account

I request the following credit limit (CHF)

Net monthly income (CHF)   12 times p.a.  13 times p.a.

Monthly supplementary income (CHF)   12 times p.a.  13 times p.a.

**(Please attach proof of income or pension advice)**

Spouse's net monthly income (CHF)   12 times p.a.  13 times p.a.

Other income (CHF)

Taxable assets (CHF)

**(Details required when net income is below CHF 3,000.-)**  
**(Please provide evidence, for example copy of bank statement or federal/communal tax assessment, and so on)**

Monthly housing costs, including utilities (CHF; for rent or ownership)

Since my credit card application, my professional and/or personal circumstances have **(Check the applicable box)**

Not changed

Changed as follows

(For example, marital status, self-employment, unemployment, disability, birth of a child, and so on)

By signing, you affirm that the details you have provided are correct. Please be aware that the final credit limit will be set after a review. The Bank can deny a credit limit increase without giving reasons.

Place  Date  2 | 0  (dd.mm.yyyy)

Primary cardholder's signature

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