

CLAIMS SUBMISSION

Insolvent party/Debtor:

Name
Address
Zip code/Place

Send claim submission to:

Banque Privée Espirito Santo SA en liquidation
Avenue Général-Guisan 70A
P.O. Box 107
1009 Pully
questions@liquidator-bpes.ch

Opening of bankruptcy proceedings: (date)

Creditor:

represented by (enclose power of attorney):

Name: _____
Address: _____
Postal code/city: _____
Telephone: _____
Email: _____

Bank or post office account (IBAN) _____
(Please enclose a payment slip with IBAN in the likelihood of receiving payment.)

Please transfer any bankruptcy dividend to (i) the creditor or to (ii) the representative (cross the wrong proposal)

Claim details:

Amount of claim _____ (currency)_____

Interest on arrears ____ % from ____ to ____ ([interest rate calculation](#))
(Interest rate is 5 % unless otherwise agreed. Cf. [Art. 104 OR](#);
Please include copy of payment reminder. Cf. [Art. 102 para. 1 OR](#)).

Fees accrued for debt enforcement office/legal fees _____
(Previous fees accrued for debt enforcement office/legal fees)

Total amount as per initiation of bankruptcy proceedings _____

EVIDENCE MUST BE PROVIDED WITH THIS CLAIMS SUBMISSION.

Reason for claim and class (under [Art. 219 DEBA \(SchKG\)](#) and [Art. 37b BA \(BankG\)](#)):

Any rights of lien:

Place and date

Legal signature:

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