



## GALERIE KORNFELD · BERN

AUKTIONEN · KUNSTHANDLUNG · VERLAG

LAUPENSTRASSE 41, POSTFACH  
3001 BERN / SCHWEIZ

TEL + 41 (0)31 / 381 46 73  
FAX + 41 (0)31 / 382 18 91  
INFO@KORNFELD.CH

### FIRST TIME BIDDER REGISTRATION

#### Address

First name	Surname	Title	Date of birth
(or) Company name			
Street			
Postal code	City	Country	
Telephone	Fax	E-Mail	

#### Identity card

Please send us together with this form a copy of your identity card or your passport.

#### Bank reference

I hereby authorise the below mentioned bank to provide to Galerie Kornfeld Auktionen AG, at its request, information regarding my solvency and credit-worthiness in the context of my planned auction spending. I confirm that the bank account mentioned hereafter is registered in the above mentioned name and that I have signature authority for the account in question.

**Planned auction spending in CHF:**

#### Bank details

Bank name	
Bank address	
Contact person	
Telephone number	E-Mail
Account number	

#### Conditions for sale at auction

I hereby accept the conditions for buyers at auction of Galerie Kornfeld and the **courts of Berne** have exclusive jurisdiction. This form must reach Galerie Kornfeld at least 24 hours prior to the commencement of the auction sales.

Date \_\_\_\_\_

Signature \_\_\_\_\_