



GALERIE KORNFELD · BERN

AUKTIONEN · KUNSTHANDLUNG · VERLAG

GALERIE KORNFELD AUKTIONEN AG

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First Time Bidder Registration

Title	Name	First name
(or) Company		VAT No.
Street	Date of birth	Nationality
ZIP	City	Country
Phone	Cell phone	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 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.

**Please send me the invoices in future
until further notice on this email address:** _____

Date & City _____ Signature _____