



Notification of change of address for the authorised representative

The authorised representative must represent the insured person receiving a pension paid by the Swiss Compensation Office SCO. They must notify the SCO immediately of any change in the insured person's personal or family situation.

OASI number of the insured person _____

Insured person: surname, first name

Authorised representative: surname, first name

Previous address of the authorised representative

C/o

Street, number

Postcode, town

Country

Landline / mobile phone

E-mail

New address of the authorised representative

C/o

Street, number

Postcode, town

Country

Landline / mobile phone

E-mail

Effective from (dd/mm/yyyy)

Place and date

Signature of the authorised representative

This form must be sent **with a copy of the authorised representative's identity card**

by post to the following address:

Swiss Compensation Office

P.O. Box 3100

1211 Geneva 2

Switzerland

or by e-mail to the following address: csc@zas.admin.ch