



Announcing a change

Please return, dated and signed by e-mail to afcot1@zas.admin.ch or by post to :

Swiss Compensation Office SCO
Voluntary insurance – Contributions
Avenue Edmond-Vaucher 18
PO Box 3100
1211 Geneva 2
Switzerland

Personal details

NAVS: 756._____._____.

Surname and First name:_____

Date of Birth: ____/____/____

Civil status: Single Married Registered partnership Widowed Divorced

All changes to your personal details must be announced to the competent Swiss representation or consulate.

Home address:

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E-mail address:.....@.....

Correspondance address:

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E-mail address:.....@.....

Date: ____/____/____

Signature: _____