

Swiss insurance number (OASIN13): 756._____._____

POWER OF ATTORNEY

The insured person:

Surname and first name: _____

Date of birth: _____._____._____

Address: _____

Zip / Postal code: _____

Town / City: _____

Country: _____

E-mail address: _____

gives power of attorney to (representative):

Surname and first name: _____

Date of birth: _____._____._____

Address: _____

Zip / Postal code: _____

Town / City: _____

Country: _____

E-mail address: _____

to represent them, consult the file, receive all correspondence and act on their behalf with the Central Compensation Office and its units in all matters concerning (please cross at least one box)

- the OASI (old-age and survivors' benefits in particular and contributions as the case may be)
- the DI (including **medical data**).

Valid until _____ (i.e. end of the procedure, specific date...)

! Unless otherwise stated, this power of attorney remains valid until revoked!

Date:

Signature of the insured person:

Signature of the representative:

Please attach a copy of the insured person's as well as the representative's identity documents to this power of attorney.