



Request of an individual account

Documentary evidence to enclose:

- copy of the applicant's valid proof of identity
- power of attorney if the request concerns a third party

Fields marked with an asterisk (*) are compulsory

OASI number*

Nationality*

please mention all nationalities

Sex*

male female

Surname*

Previous surnames

First name/s*

Date of birth*

dd.mm.yyyy

Marital status*

Name of the spouse

Street, number*

Zip / Post code*

Town*

Country*

Telephone number

E-mail*

Date

Please state an official language for our reply*

French

German

Italian

Send your request

by e-mail at the following address:

eai@zas.admin.ch

or by post at the following address:

Swiss Compensation Office
P.O. Box 3100
1211 Geneva 2
Switzerland