

1. Applicant details

1.1 Last name

1.2 Maiden name

1.3 All first names

given name in capitals

1.4 Date of birth

day, month, year

1.5 Social Security Number if known

13 digits, beginning with 756, enter number without dots or spaces

1.6 Sex

male female

1.7 Address

Street, number

Postcode, town

Phone / Mobile

E-mail

1.8 Nationality

1.9 Place and country of birth

2. Parents' details

2.1 Mother's Last name

including name prior to marriage / registered partnership

2.2 All first names

given name in capitals

2.3 Father's Last name

including name prior to marriage / registered partnership

2.4 All first names

given name in capitals

3. Reason for application

- I have never been issued with a personal insurance certificate.
- My personal details have changed (e.g. due to marriage or divorce) /are incorrect.
- My certificate was stolen or lost.
- My certificate is illegible.
- I was issued with multiple certificates (please enclose all certificates).
- Other

4. Signature

I, the undersigned, hereby confirm that the information I have provided herein is accurate and complete.

Place and date

Signature of the insured

Employer / local AHV office

Place and date

Stamp, address and signature of the employer or local AHV office

AHV Account Number / Social Security Number

Enclosed:

- Copies of ID papers (e.g. family record book, certificate of marital status/family certificate, residence or work permit, passport, ID, foreign ID)