

D**Identity of the applicant's spouse or partner**

Spouse or partner living in the same household

Surname(s): _____

First name(s): _____

Insurance no: [][][][] . [][][][][] . [][][][][] . [][][][]

Date of birth: _____

Are you employed? no yes

Employer: _____

Employed since: [][][] . [][][] . [][][][][]

Address: _____

 full time _____ % workload

Place of work: _____

Do you have more than one employer? no yes (If so, please fill in the **supplementary sheet 2!**)Who earns a higher salary (gross)? Spouse / partner Applicant (A)

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Parent living in a separate household

Surname(s): _____

First name(s): _____

Address: _____

ZIP / city: _____

Insurance no.: [][][][] . [][][][][] . [][][][][] . [][][][]

Date of birth: _____

Civil status: _____

Since: _____

Are you employed? yes no

Employer: _____

Employed since: [][][] . [][][] . [][][][][]

Address: _____

 full time _____ % workload

Place of work: _____

Do you have more than one employer? no yes (If so, please fill in the **supplementary sheet 2!**)

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F**Confirmation from the applicant's employer**

Company: _____

Account no: _____

Address: _____

Contact: _____

ZIP / city: _____

Phone: _____

Employed since: [][][] . [][][] . [][][][][]

Place of work: _____

 full time _____ % workload headquarters branch / operating site

AVS-compulsory annual salary: Fr. _____

 field service home office

Date and place

Stamp and signature

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Important: Any family allowance payments made before receipt of the family allowances compensation office's decree is at the employer's own risk.**G****Verification by the authority of the applicant's residential municipality**

We, the authority of the applicant's residential municipality, confirm having verified the listed persons' identities. If we found any inaccurate information, we made the necessary corrections.

Date

Stamp and Signature

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H**Commitment and signature**

I, the undersigned, certify that all the information given in this application is true and complete. I take notice that family allowances paid on the basis of false information or concealment of facts will have to be returned. Furthermore, I am obligated to immediately inform the family allowances compensation office of all changes, which could influence the entitlement to allowances (e.g. change of civil status, number of children and their place of residence, terms of employment). In the event of negligence or abuse, the family allowances compensation office is able to take legal action.

Date and place

Signature

Enclosures (copies):

- birth certificate / family book / proof of legal guardianship, in which the child and both parents are mentioned
- extract of the divorce decree concerning the right of custody or the agreement on parental care
- apprenticeship contract, enrolment confirmation or other evidence of ongoing education for children after completion of their 16th year

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