## Application for family allowances (employees in the agricultural sector excluded)



A	Identity of the applicant							
	Surname(s):							
	First name(s):							
	Address:							
	ZIP / city:	Nationality:	Nationality:					
	E-mail:		Insurance n	io.:				
	Phone:		Date of birth	n:				
	Civil status: 🗖 single							
	married / registered civil	partnership	since:					
	□ widowed							
	factually separated							
	legally separated							
01	divorced							
B	Identity of the applicant's children	n (up until 25	years of age)					
	<u>1st child</u>							
	Surname(s):			own child	foster child			
	First name(s):			adopted child	grandchild			
	Date of birth:			spouse's child	siblings			
	Address:			Country:				
	Income during apprenticeship or ongoing education			Fr				
02	(gross salary, yield on assets, daily cash benefits a	na pensions)						
	2nd child							
	Surname(s):			own child	foster child			
	First name(s):			adopted child	grandchild			
	Date of birth:			spouse's child	siblings			
	Address:			•				
	Income during apprenticeship or ongoing education Fr (gross salary, yield on assets, daily cash benefits and pensions)			Fr				
03	(gross salary, yield on assets, daily cash benefits a	iu perisions)						
	For further children please use the <b>supplementary sheet 1</b> to this application. It must also be approved by the							
04	authority of your residential municipality.							
С	Additional information							
	Date as of when you are claiming family	allowances?						
	Who has been receiving family allowances so far?				until:			
	Are you already receiving any family allowances for one or more of the li			listed children?	🗖 no	□ yes		
	If so, from whom?							
	For which child? What amount?	Name:			Fr			
					Fr.			
	Which office pays the allowances?							
05	Do you have more than one employer?	🗖 no	🗖 yes	(If so, please fill in the s	supplementary sheet 2!)			
	Are you liable to withholding tax?	🗖 no	□ yes					

D	Identity of the applicant's spouse or partner					
	Spouse or partner living in the same household	_				
	Surname(s):	First name(s):				
		Date of birth:				
	Are you employed?	Employer:				
	Employed since:	Address:				
	□ full time □ % workload Do you have more than one employer? □ no					
	Who earns a higher salary (gross)?	Upper yes       (If so, please fill in the supplementary sheet 2!)         tner       D Applicant (A)				
06						
	Parent living in a separate household					
	Surname(s):	First name(s):				
	Address:	ZIP / city:				
		Date of birth:				
	Civil status:	Since:				
	Are you employed?  ges  no	Employer:				
	Employed since:	Address:				
	□ full time □% workload	Place of work:				
07	Do you have more than one employer?   no	□ yes (If so, please fill in the supplementary sheet 2!)				
F	Confirmation from the applicant's employer					
	Company:	Account no:				
	Address:	Contact:				
	ZIP / city:	Phone:				
	Employed since:	Place of work:				
		headquarters	te			
	AVS-compulsory annual salary: Fr	□ field service □ home office				
	Date and place	Stamp and signature				
08	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 re	esidential municipality				
U		lity, confirm having verified the listed persons' identities. I	fwe			
	found any inaccurate information, we made the necessary		wo			
09		Stamp and Signature				
09	Date					
H	Commitment and signature					
	Commitment and signature	n this application is true and complete. I take notice that fa	mily			
	<b>Commitment and signature</b> I, the undersigned, certify that all the information given in allowances paid on the basis of false information or con-	n this application is true and complete. I take notice that fancealment of facts will have to be returned. Furthermore,	lam			
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