



CAISSE ALFA BANQUES

OCCUPATIONAL FAMILY ALLOWANCE COMPENSATION FUND FOR BANK,
FINANCIAL COMPANIES AND CONSULTING FIRMS IN CANTON GENEVA

Employee
Last name and first name :

Current employer
Member number :
Company name :

NOTICE OF BENEFICIARY'S WITHDRAWAL

Termination date :

NOTICE OF SICK LEAVE FOR A PERIOD EXCEEDING 3 MONTHS

Sick leave from : to :
Salary subject to AVS during said period :
<i>(Please note that daily sickness allowance and accident insurance benefits are not subject to AVS contribution)</i>

NOTICE OF UNPAID LEAVE

Unpaid leave from : to :

**Date, stamp and
company's signature**

Date :
Signature :

This form is to be submitted immediately after notice of withdrawal, sick leave or unpaid leave.