Swisscanto
Flex Collective
Foundation

Wage review

Company _____ Contract no. _____

Wage review

Social insurance or AHV no.	Surname/First name	New level of employment	New AHV annual wage in CHF	Applicable from
		%		01.
		%		01.
		%		01.
		%		01.
		%		01.
		%		01.
		%		01.
		%		01.
		%		01.
		%		01.
		%		01.

Wage reviews always take effect from the beginning of a month.

_____ _____

Place, date Stamp and signature of company

Swisscanto Flex Collective Foundation
of the Cantonal Banks
Office
P.O. Box
8152 Glattbrugg

Reset form Print form