

## Notification of Transfer Company Delegates



Company: .....

Contract n°: .....

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### End of mandate

**Representative**

**Name, first name**

**Date of termination**

- of the insured  
 of the company

.....

### New mandate

**Representative**

**Name, First name**

**E-mail**

- of the insured  
 of the company

.....

**Date of election- of nomination**

**Signature of the representative**

.....

#### **Extract from the organisation regulations, Art.4, para. 4:**

“Delegates shall be elected for a period of four years, and the mandate shall be renewable. If, for any reason whatsoever, the working relationships of a representative of the insured with his company ceases, this representative shall lose ipso facto his mandate as representative of the insured. The termination of the working relationships shall coincide with the end of the mandate. In this case, new elections shall take place within the body of the staff.”

Any change in the representative must be notified to the Foundation.

Place and date: .....