

Company

Record of the election to the Administration Committee (AC)

Members for a term of 4 years

The Administration Committee must have an equal number of employee and employer representatives.

Term of office

from

to

The **employees** have elected the following **insured persons** as their representatives:

Name

First name

Signature

Name

First Name

Signature

Name

First Name

Signature

The **employer** has elected the following **persons** as his representatives:

Name

First Name

Signature

Name

First Name

Signature

Name

First Name

Signature

Date

Company stamp and signature

Chairman

Has been elected Chairman for a term of 4 years by the Administration Committee:

Name

First Name

Signature

Date

Signature of the Administration Committee