



# CAISSE ALFA BANQUES


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

## CHANGE OF BANK ACCOUNT

to register a change of bank account

Employee
Last name and first name

Current employer
Member number :
Company name :

New account details
<input type="checkbox"/> IBAN (or bank account and clearing number) : .....
Bank : ...  .....
Account holder : .....
Valid from : .....

*This form can be signed either by the employee or the employer*

**Date and employee's  
signature**

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

Date :	Date :
Signature :	Signature :