

Form

Confirmation of viability

Name

First name

Street

Postal Code/City

Date of birth

AHV/social insurance number of pensioner

Phone (during day)

Email address

Nationality

Does either party have dual citizenship?

 Yes No

If yes, which?

Marital status

 single married since

 registered partnership since

 divorced since

 widowed since

Name and first name of spouse / registered partner

Date of birth of spouse / registered partner

AHV/social insurance number of spouse / registered partner

Confirmation

I hereby confirm the above information to be correct.

City and date

Signature

Official confirmation of viability by the local authorities at the foreign domicile

City and date

Stamp and signature
