

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

Name	First Name	Signature
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Name	First Name	Signature
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Name	First Name	Signature
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Date	Company stamp and signature
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Chairman

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

Name	First Name	Signature
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Date	Signature of the Administration Committee
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