



Mutation form

Emergency arrangement SZW

1. Personal data

Full name	
ID card number	
Company name <i>(only if you are employer/entrepreneur)</i>	
Crib-number <i>(only if you are employer/entrepreneur)</i>	

2. Mutation

Explain what change has occurred:	
Effective since	<i>(dd-mm-yyyy)</i>
Which employee is affected by this change? <i>(if you are an employer)</i>	

3. Signature

I declare that I have completed this form truthfully. I understand that the provision of incorrect information has legal consequences or can lead to reclamation.	
Date	
Name	
Signature	