แผ่นที อ่านเงือนไขและเอกสารแนบ ไม่ต้องกรอก

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Old-Age and Survivors' Insurance OASI

CLAIM FOR THE REFUND OF OASI CONTRIBUTIONS

IMPORTANT INFORMATION

You **are not entitled** to the reimbursement of your contributions if you are a national:

- of a European Union Member State
- of a country with which Switzerland has concluded a social security agreement which does not explicitly provide for the reimbursement of contributions

For further information please consult our website: www.zas.admin.ch

Documents to be enclosed with your request:

- Copy of the OASI certificate (if available).
- Copy of the official confirmation of departure from Switzerland (if available).
- Current nationality certificate or copies of all valid passports for yourself and your family: spouse and children under the age of 25.
- For refugees, a certificate concerning their status is **essential.**
- Legalised, current residence certificate for your family and yourself as well as for the planned place of residence abroad for each member of your family.

The conditions for obtaining a refund of contributions:

- Contributions must have been paid for at least one full year.
- Your family (spouse and children under the age of 25) and you, must have permanently left Switzerland or firmly intend to do so.
- Adult children under the age of 25 may remain in Switzerland without putting a stop to the reimbursement on the condition that they have completed their full-time education.
- The reimbursement request form may be submitted from the moment the intention to leave Switzerland is expressed and after the final departure until the insured person reaches the age of retirement or should the insured person pass away.

Instructions for completing the form:

- **Please fill in the form with capital letters.**
- OASI = old-age and survivors' insurance; DI = disability insurance.
- Please mention the current surname or the married name.
- All names must be mentioned.
- Please mention all first names in the order given on the birth certificate or according to an official document.
- Please indicate formerly used aliases.
- Please indicate all nationalities the insured person currently holds.
- Please mention the names of the businesses or the full name of the employer. Self-employed persons should write "self-employed".
- Please mention the departure date from Switzerland and **enclose a copy of the official confirmation of departure, if available.**
- Please also mention all deceased, separated and/or divorced spouses.
- For divorced spouses, **please enclose a copy of the divorce decree showing the date of entry into force.**
- Please give the details of a **personal** bank account.
- For the legal representative, **please fill in part 8 and send us a copy of his/her identity card or passport.**
- Please indicate your status (resident, refugee, stateless, …) in your current country of residence and in the country where you intend to settle except Switzerland.

แผ่นที ข้อมูลผู้ยืน สัญชาติ สถานภาพสมรส และทีอยู่

CLAIM FOR THE REFUND OF OASI CONTRIBUTIONS

Swiss insurance number:	Date received: (do not fill in)
756.0000.0000.00 (SAMPLE)	

1. Personal information concerning the insured person or the deceased

1. Surname: SAENGDEE
2. Other names: KHAMDEE \(BIRTH NAME\), KELLER \(PREVIOUS MARRIED NAME
   Birth names, married names or previous names
3. First and middle name/s: MALI WANDEE
4. Date of birth: 15.03.1983 (day, month, year)
5. Date of death: _____ (day, month, year)
6. Sex: Male ☐ Female ☑
7. Nationality: THAILAND
8. Do you hold more than one nationality? No ☑ Yes, other nationality/ies ☐ _____
9. Current civil status: Single ☐ Married since 01.06.2020 (day, month, year) Divorced since _____ (day, month, year) Widowed since _____ (day, month, year) Separated since _____ (day, month, year)
10. Have you been married more than once? No ☐ Yes, please mention below the identity of the ex-spouses ☑

	Surname/s	First and middle name/s	Date of birth (day, month, year)
1st spouse	KELLER	MARKUS	12.10.1978
2nd spouse			
3rd spouse			

11. Last residential address in Switzerland: MUSTERSTRASSE 10
    Post code 8400 Town WINTERTHUR Country SWITZERLAND
12. Residential address abroad: 99 EXAMPLE ROAD, SAMPLE DISTRICT
    Post code 10110 Town BANGKOK Country THAILAND
    E-Mail mali.sample@example.com Telephone number +66 00 000 0000

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13. Do you have refugee status in your current country of residence abroad? — No ☑ Yes ☐

14. Date of your arrival in Switzerland: 01.05.2014 (day, month, year)

15. Date of your **final** departure from Switzerland: 31.12.2026 (day, month, year)

16. Has anyone mentioned in this application already received any benefits from the OASI / DI? — No ☑ Yes, please give us the details in a letter enclosed to this form ☐

2. General information concerning the insured person's residence and gainful employment in Switzerland

1. Where and for how long did you live or reside in Switzerland?
Please indicate the permit type: frontier worker, annual resident, G/L/B/C permit, refugee or other.

Town	from (month, year)	until (month, year)	Type of permit
WINTERTHUR	05.2014	04.2019	B PERMIT
WINTERTHUR	05.2019	12.2026	C PERMIT

2. Where and for how long were you gainfully employed in Switzerland?
Please indicate all gainful employments in Switzerland:

Employer and profession	Town	from (month, year)	until (month, year)
THAI WELLNESS GMBH	ZURICH	01.2020	06.2024
SELF-EMPLOYED / MA	WINTERTHUR	07.2024	12.2026

3. Information concerning all of the insured person's children.

Surname	First and middle name/s	Date of birth day, month, year	Sex F/M	Has lived in Switzerland NO	Has lived in Switzerland YES	Date of departure from Switzerland day, month, year
SAENGDEE	LINA MALI	10.09.2012	F	☐	☑	31.12.202
SAENGDEE	NARIN PONG	05.04.2016	M	☐	☑	31.12.202
				☐	☐	
				☐	☐	
				☐	☐	

แผ่นที ข้อมูลคู่สมรสปัจจุบัน

Spouse's Swiss insurance number

756. 756.0000.0000.01 (SAMPLE)

4. Personal information concerning the spouse or the widow / widower

1. Surname: SAENGDEE
2. Previous names: NONE
   Birth names, married names or previous names
3. First and middle name/s: NARONG SOMCHAI
4. Date of birth: 20.08.1980
   day, month, year
5. Nationality: THAILAND
6. Does your spouse hold more than one nationality? No ☑ Yes, other nationality/ies ☐
7. Current residential address: MUSTERSTRASSE 10, 8400 WINTERTHUR, SWITZERLAND
8. Has your spouse ever lived or resided in Switzerland? No ☐ Yes * ☑

*If yes, please indicate the permit type below: frontier worker, annual resident, G/L/B/C permit, refugee or other

Town	from (month, year)	until (month, year)	Type of permit
WINTERTHUR	06.2020	12.2026	B PERMIT

9. Has your spouse ever been gainfully employed in Switzerland? No ☐ Yes* ☑

*If yes, please provide information concerning all his/her gainful employments in Switzerland:

Employer and profession	Town	from (month, year)	until (month, year)
SAMPLE AG / COOK	ZURICH	07.2020	12.2026

10. Date of your spouse's arrival in Switzerland: 01.06.2020
    day, month, year
11. Date of your spouse's **final** departure from Switzerland: 31.12.2026
    day, month, year

แผ่นที ข้อมูลอดีตคู่สมรส

Swiss insurance number of the ex-spouse

756. 756.0000.0000.02 (SAMPLE)

5. General information concerning the ex-spouse.
To be completed if the insured person has been married more than once

1. Surname: KELLER
2. Other names: NONE
   Birth names, married names or previous names
3. First and middle name/s: MARKUS PETER
4. Date of birth: 12.10.1978 (day, month, year)
5. Date of marriage: 15.05.2010 (day, month, year) Date of divorce: 30.06.2018 (day, month, year) Date of death: _____ (day, month, year)
6. Current residential address: EXAMPLESTRASSE 5, 8000 ZURICH, SWITZERLAND
7. Has your ex-spouse ever lived or resided in Switzerland? No ☐ Yes * ☑

*If yes, please indicate the type of permit below: frontier worker, annual resident, G/L/B/C permit, refugee or other

Town	from (month, year)	until (month, year)	Type of permit
ZURICH	01.2005	PRESENT	SWISS CITIZEN

8. Has your ex-spouse ever been gainfully employed in Switzerland? No ☐ Yes * ☑

*If yes, please provide information concerning all his/her gainful employments in Switzerland:

Employer and profession	Town	from (month, year)	until (month, year)
EXAMPLE AG / TECHN	ZURICH	01.2005	PRESENT

9. If you have any other ex-spouses, please give us the information listed under parts 5.1 to 5.8 on a separate sheet, which you should enclose with this form or photocopy this page as many times as necessary.

แผ่นที บัญชีรับเงิน คำรับรอง และลายมือชื

6. Payment address

Name of the bank / post office BANGKOK BANK PCL \(SAMPLE\)

Address of the bank / post office (street and number) 333 EXAMPLE ROAD

SAMPLE DISTRICT

Post code 10110 Town BANGKOK Country THAILAND

Bank code (SWIFT/BIC)* BKKBTHBK \(SAMPLE\)

* Australia: BSB Number / Canada: Transit Number / USA: ABA Detail

Personal account number or IBAN (International Bank Account Number) compulsory in the European Union:

000-0-00000-0 \(SAMPLE - NOT A REAL ACCOUNT\)

7. Insured person's statement

The undersigned acknowledges the following:

- once your contributions are reimbursed, you loose your rights to all OASI and DI benefits,
- the refunded contributions cannot be paid back into the OASI/DI scheme,
- once your contributions are reimbursed, your spouse and/or children will no longer be entitled to any survivor's benefits
- the reimbursement amount is subject to withholding tax.

The insured person confirms that he/she **and his/her entire family** (spouse and children under the age of 25) have permanently left Switzerland or intend to permanently reside outside Switzerland.

The undersigned confirms having answered all the questions completely and truthfully. Failure to inform and any false allegation are punishable. The Swiss compensation Office reserves the right to act by all possible means when necessary. Benefits paid wrongly on the basis of false information or misrepresentation will have to be paid back.

Place and date

BANGKOK, 15.01.2027

Signature of the insured person or of the claimant

MALI SAENGDEE - SAMPLE

Observations:

ALL INFORMATION ON THIS COPY IS FICTIONAL AND FOR EDUCATIONAL USE O

Please send this form by post to the following address:

Swiss Compensation Office SCO
Avenue Edmond-Vaucher 18
POB 3100
1211 Geneva 2
Switzerland

แผ่นที หนังสือมอบอำนาจ ไม่บังคับ

8. Power of attorney (optional)

The insured person:

Surname and first name: SAENGDEE MALI WANDEE

Date of birth: 15.03.1983

Address: 99 EXAMPLE ROAD

Zip / Postal code: 10110

Town / City: BANGKOK

Country: THAILAND

E-mail address: mali.sample@example.com

gives power of attorney to (representative):

Surname and first name: EXAMPLE ANNA

Date of birth: 01.01.1985

Address: 88 SAMPLE ROAD

Zip / Postal code: 10110

Town / City: BANGKOK

Country: THAILAND

E-mail address: anna.sample@example.com

to represent them, consult the file, receive all correspondence and act on their behalf with the Central Compensation Office and its units in all matters concerning the OASI (old-age and survivors' benefits).

Valid until END OF PROCEDURE (i.e. end of the procedure, specific date…)

! Unless otherwise stated, this power of attorney remains valid until revoked!

Date:	Signature of the insured person:	Signature of the representative:
15.01.202	*MALI SAENGDEE - SAMPLE*	*ANNA EXAMPLE - SAMPLE*

Please attach a copy of the insured person's as well as the representative's identity documents to this power of attorney.