#### Online Services (souligner la modification correspondante)

**[ ]  Nouvelle inscription [ ]  formation souhaitée** (l'encadrant du courtier s'annonce après l'enregistrement dans le système)

**[ ]  Modification**

Nom et adresse du courtier:

 User- ID

            Code de tiers commissioné

**Merci de bien vouloir indiquer vos collaborateurs dans le tableau ci-dessous** (pour les modifications futures, utilisez également ce formulaire)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Entrée** | **Modification** | **Sortie** | **Prénom** | **Nom** | **Date d’entrée** | **Date de sortie** | **N° de tél. portable** | **Adresse e-mail** | **User ID****(M80….)** | **Courtage** | **Vie collective** |
| [ ]  | [ ]  | [ ]  |       |       |       |       |       |       |       | [ ]  | [ ]  |
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**Merci de bien vouloir renvoyer ce formulaire à vertragsadministration.mail@allianz-suisse.ch**

Le soussigné confirme l’exactitude des données communiquées.

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Lieu, date Signature(s) et tampon de l’entreprise

Nom et adresse du courtier:      ,      ,

User- ID

Code de tiers commisioné

**Merci de bien vouloir indiquer vos collaborateurs dans le tableau ci-dessous**

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| **Entrée** | **Modification** | **Sortie** | **Prénom** | **Nom** | **Date d’entrée** | **Date de sortie** | **N° de tél. portable** | **Adresse e-mail** | **User ID****(M80….)** | **Courtage** | **Vie collective** |
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Lieu, date Signature(s) et tampon de l’entreprise