



CHANGE OF ADDRESS NOTIFICATION

If this notification concerns the insured and all household members, check the box
 Otherwise, the new address will only be applied for the insured.

IDENTIFICATION OF THE INSURED	INSURED'S CATEGORY	EMPLOYEE	C.C.S.S. - C.A.R. ID Number.....
		SELF-EMPLOYED	C.A.M.T.I. - C.A.R.T.I. ID Number.....
	SURNAME:		First Names:
	Maiden Name:		
	Date of birth:		Place:
	Country:		Nationality:
Family situation:			
Email address:			

IDENTIFICATION OF THE SPOUSE / PARTNER	IF THE SPOUSE / PARTNER WORKS OR HAS WORKED IN MONACO		
	C.C.S.S. - C.A.R. - C.A.M.T.I. - C.A.R.T.I. ID Number		
	SURNAME:		First Names:
	Maiden Name:		
	Date of birth:		Place:
	Country:		Nationality:
Email address:			

OLD ADDRESS	Appt - Mailbox - Floor:		
	Entrance - Tower - Building - Residence:		
	Street name and number:		
	Special delivery instructions and number:		
	Post code:	City:	Country:

NEW ADDRESS	Appt - Mailbox - Floor:		
	Entrance - Tower - Building - Residence:		
	Street name and number:		
	Special delivery instructions and number:		
	Post code:	City:	Country:

Date on which the change of address is effective

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I authorise the Caisses Sociales de Monaco to send this information to the Direction de l'Administration Numérique (DAN) to notify my change of address to the following Monegasque services and entities. For insureds residing in the Principality, this service is provided by the Police Department for those with a residency permit and the Town Hall for nationals. This process is optional.

- | | |
|---|--|
| <input type="checkbox"/> Public Car Parks Office (<i>subscriptions</i>) | <input type="checkbox"/> Monaco Journal (subscriptions to the official journal) |
| <input type="checkbox"/> State Medical Benefits Office (<i>social security benefits</i>) | <input type="checkbox"/> Town Hall (social services, identity cards) |
| <input type="checkbox"/> Public Service Department | <input type="checkbox"/> Post Office (paid service) |
| <input type="checkbox"/> Department of Education - See reverse | <input type="checkbox"/> Department for Economic Development (commercial activities, industrial property) |
| <input type="checkbox"/> Department of the Budget and Treasury, (<i>salaries, retirement</i>) | <input type="checkbox"/> Department of Electronic Communications (radio licences: taxis, ships, radio amateurs...) |
| <input type="checkbox"/> State Property Authority | <input type="checkbox"/> Department of Maritime Affairs (registrations, <i>berths</i>) |
| <input type="checkbox"/> Driver and Vehicle Licensing Office (<i>driving licences, registration certificates</i>) | |

Monaco, on Signed by the insured Signed by the other member of the couple

The section below must be completed if the change of address is destined for the Department of Education.

	Surname - First names	Date of birth	Establishment attended
CHILD(REN) AT SCHOOL IN THE PRINCIPALITY

