CAISSES SOCIALES DE MONACO

NOTIFICATION DE CHANGEMENT D'ADRESSE EMPLOYEUR

(Notification of change of address)

Identification de l'Employeur	N° IMMATRICULATION : ..... *(Registration number)* ENSEIGNE COMMERCIALE : ..... *(Trading name)* NOM : ..... *(Surname)*

Nouvelle adresse	SIEGE SOCIAL *(head office)* : ....

Monaco, le .....
(Monaco, on)

Signature
(Signed)

"In accordance with Law no. 1165, as amended, you have the right to access and amend the personal information relating to you. For more information on the processes implemented, you can consult the "Data Protection" section on the www.caisses-sociales.mc website."

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