

9 Other claims:

- Vacation balance (as per end of notice period):

Balance (days) _____ at the rate of CHF _____/day total CHF _____

- Overtime:

Balance (hours) _____ at the rate of CHF _____/hour total CHF _____

- Further claims (such as long-service award, costs of continuing education, etc.):

Nature _____ Amount CHF _____

Nature _____ Amount CHF _____

Information regarding insurance payments / substitute income:

- 10 Registered with unemployment insurance Yes, date _____ No

Insurer: _____

- 11 Applied for insolvency compensation Yes, date _____ No

- 12 Took up new employment: Yes, date _____ No

Earnings from new employment relationship (gross monthly income until end of employment, according to no 5 above)

November 2015	December 2015	January 2016	February 2016	March 2016	April 2016

Remarks:

- Enclosures:**
- Copy of employment contract with Bank Hottinger & Cie Ltd
 - Salary journal 2015
 - Expense reports
 - Evidence for substitute income (new employment contract)
 - _____

Date: _____

Signature: _____

The claim registration has to be submitted until **30 November 2015** (date of postmark of a Swiss post office) at the latest to:

Brigitte Umbach-Spahn
Karl Wüthrich
Wenger Plattner
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