

Claim Registration for Flight Attendants

Replaces all previous submissions to the administrator. Please complete form again in full.

Please enter total for each type of claim in the far right column. Then enter the grand total of all your claims at the bottom of page 2.

1 Debtor: Swissair Schweiz. Luftverkehr AG

2 Surname

First name Date of birth

Statutory pension insurance no.

Staff no.

3 Address

Postcode Place Country

Tel. no.

e-mail

4

Outstanding claims in CHF	pre-31 Mar. 01	Apr. - Sep. 01	Oct 01. - Mar. 02	Apr 02	May 02	Jun 02				Total
Gross unpaid salary as per Flight Attendant (F/A) contract	XXXX	XXXX	XXXX							
Proportion for 13th month's salary (F/A) from 1 Jan 02	XXXX	XXXX								
Credit for leave in CHF			XXXX							
Proportion of salary granted from 1 Nov 01 (Total in CHF)	XXXX	XXXX		XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	
Claims from F/A Fund as per Collective Agreement (GAV02) ¹	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	
Salary difference for F/As who passed the exam for the position but were not inducted (as per GAV02: from 1 Jan 02)	XXXX	XXXX								

¹ Swissair's position: only F/As who have been awarded a Swissair pension are entitled to benefits from the F/A Fund

Surname, first name and staff no.

5 Liable for tax deduction at source Yes No 6a) Contract of employment terminated by Swissair Yes

6b) Contract of employment terminated by you Yes

7 End of employment (Expiry of period of notice after any interval of suspension)

8 Laid off Yes, from..... No

9 Registered with Unemployment Insurance Fund Yes, date..... No

10 Earnings from any new employment (gross monthly to expiry of period of notice at Swissair Schweizerische Luftverkehr AG, (see 7 above)

Apr 02 May 02 Jun 02 Subsequent months

11 Comments

12 Enclosures Personal contract of employment with Swissair Schweizerische Luftverkehr AG (unless already submitted)

Swissair Schweizerische Luftverkehr AG pay slips relevant to claim (unless already submitted)

Personal contract of employment from 1 April 02 (if a new employer has been found)

Adjustment calculation for claims from F/A Fund (for F/As age 55+); please enclose copy of letter from SR Personnel Department (27.3.2002)

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13 Further claims Nature Amount

Nature Amount

14 Signature: Place: Date:

Please send to this address: Mr Karl Wüthrich, Wenger Plattner, P. O. Box 677, 8702 Zollikon