



## Autorisation for a work permit Ci

**for official partner or single children  
 who are registered to the Protocol before the age of 21**

This application form has to be completed by the diplomatic mission /consular post and returned to the Protocol , Bundesgasse 32, CH-3003 Bern together with a verbal note from the Embassy.

Names (First, Last)	<input type="text"/>
Date of birth	<input type="text"/>
Legitimation card nr.	<input type="text"/>
Date of entry in Switzerland	<input type="text"/>
Private address	<input type="text"/>
Zip code, City	<input type="text"/>

Name of the principal holder (working for the embassy or consulate)	<input type="text"/>
Legitimation card nr. (of the principal holder)	<input type="text"/>
Organisation (Embassy, Consulat)	<input type="text"/>

applies to the Federal Department of Foreign Affairs for a work permit Ci certificate.

Date .....

Signature .....  
 (Partner / Child)