Contact form

- Company name

Company registration number

N° Group N° Convention

- Address of the head office

Street N°

Country Postal code City

- Name of the contact person in charge of managing the supplementary pension scheme

Last Name First Name

Function

E-mail address

Telephone number

- Correspondence address (if different from the head office)

Street N°

Country Postal Code City

* Recipient: if other than contact person, please fill in below

Last Name First Name

Function

E-mail address

Telephone number

***Sheet to be returned to the following address: rcp\_transfert@lalux.lu***