

**EMPLOYEE CLAIM REGISTRATION**  
with regard to SkyWork Airlines AG in Liquidation

**Bankruptcy proceedings: 6 September 2018**

**Personal data:**

Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Social security no.: \_\_\_\_\_  
 Nationality: \_\_\_\_\_  
 Marital status: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Zip code \_\_\_\_\_ Town \_\_\_\_\_ Country \_\_\_\_\_  
 Phone no: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Bank account \_\_\_\_\_

**Information regarding the employment relationship:**

Department/Position \_\_\_\_\_  
 Date of notice of termination: \_\_\_\_\_  
 Notice issued by employer: \_\_\_\_\_  
 Expiry of notice period: \_\_\_\_\_  
 Release from work as of: \_\_\_\_\_  
 Subject to tax at source (yes/no): \_\_\_\_\_

**Claims:**

Salary claims and monthly allowances:  
 Gross Wage \_\_\_\_\_ pay for extra functions \_\_\_\_\_ shift allowance \_\_\_\_\_

Claims in CHF (gross amounts)	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018	Total
Monthly salary						
Hourly compensation						
Board sales provision						
Compensation for stand-by duty IT						
Expenses (according to receipts)						
Other remuneration .....						

Further 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 \_\_\_\_\_

- OFF-days:

Balance (days): \_\_\_\_\_ at the rate of CHF \_\_\_\_\_/day total CHF \_\_\_\_\_

- Further claims:

Nature of claim: \_\_\_\_\_ amount CHF \_\_\_\_\_

Nature of claim: \_\_\_\_\_ amount CHF \_\_\_\_\_

- Cabin Crew Stock (this will be deducted from the total claim value)  
CHF \_\_\_\_\_ and EUR \_\_\_\_\_ (EUR will be converted with 1.15)

Total claim value **CHF** \_\_\_\_\_

**Information regarding insurance payments / substitute income:**

Registered with unemployment insurance:  Yes, date \_\_\_\_\_  No

Insurer name: \_\_\_\_\_

Applied for insolvency compensation:  Yes, date \_\_\_\_\_  No

Took up new employment:  Yes, date \_\_\_\_\_  No

Earnings from new employment relationship (gross monthly income until end of employment)

Sept 2018	Oct 2018	Nov 2018	Dec 2018	total

**Remarks:**

---

**Enclosures:**  \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The claim registration has to be submitted until **28 February 2019** (date of postmark of a Swiss post office) at the latest to:

Konkursamt Bern-Mittelland  
Dienststelle Mittelland  
Poststrasse 25  
3071 Ostermundigen