



Tax Administration

PO Box
3001 Bern
+41 31 633 60 01
www.taxme.ch

Certificate of residence

☐ Mr ☐ Ms _____

Surname/first name(s) _____

Date of birth _____

ZPV No _____

AHV No _____

Street/No _____

Postcode/Town _____

Residing in the canton of Bern since _____

Foreign country for which residence is being certified

Country _____

If the country is not on the list, enter it here _____

The Canton of Bern Tax Administration, Switzerland, confirms the above information.

Place/Date _____

Signature/Stamp _____