

Registration with pension fund (BVG) by employer

Company details

Company name: _____

Legal form: Joint stock company Limited liability company
 Cooperative society Partnership limited by shares
 Association Foundation
 Public-sector entity

UID number:

Date of Commercial Register entry/Date of establishment: _____

C H E -

Date on which business was opened: _____

Sector: _____

Previous owner: _____

Language of correspondence: German French Italian

Business address

Name of business establishment: _____

Street, Number: _____

P.O. Box: _____

Postcode, Town: _____

Telephone: _____ Fax: _____

E-Mail: _____ Website: _____

Contact person

Surname, First name: _____

Telephone (direct): _____

E-Mail: _____

Mailing address for business correspondence

Company name: _____

Surname, First name: _____

Street, Number: _____

P.O. Box: _____ Postcode, Town: _____

Telephone: _____ Fax: _____

If you have a seasonal establishment, please enter the relevant periods:

Summer season (from – to): _____

Winter season (from – to): _____

Are you already registered with an AHV compensation office?

Yes No

If yes, please provide the name of the compensation office: _____

Are you affiliated with a pension fund (PF) for your employees?

Yes No

If yes, please enclose a copy of the confirmation of termination of the relationship with the current pension fund.

Enclosures to be submitted

- Copy of the confirmation of termination of the relationship with the current pension fund (if there is a change of pension fund)
- Copy of Commercial Register excerpt
- Copy of deed of establishment (articles of association)
- Affiliation agreement with GastroSocial

Comments:

General

- If the obligation to notify is violated or false information is provided, the GastroSocial Pension Fund can withdraw from the insurance.
- The GastroSocial Pension Fund reserves the right to review enrolment at the regulatory conditions on the basis of a medical examination report.
- The GastroSocial Pension Fund reserves the right to refuse the conclusion of an insurance contract.

I herewith confirm that I have answered all the questions in this registration form truthfully and completely and that I have taken note of the information provided under «General».

Place and date

Stamp and legally valid signature

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Stamp and legally valid signature

Incomplete documentation will delay the application process.

Please sign and send to GastroSocial.