

Registration with pension fund (BVG) by sole proprietorship

Business address

UID number:

Name of business establishment: _____

C H E - _____

Street, Number: _____

P.O. Box: _____

Postcode, Town: _____

Telephone: _____

Fax: _____

E-Mail: _____

Website: _____

Sector: _____

Legal form:

Sole proprietorship

Do you manage an agriculture business?

Yes

No

Language of correspondence:

German

French

Italian

Previous owner: _____

Date on which business was opened: _____

Place of residence (tax domicile) of company owner

Surname(s): _____

First name(s): _____

Street, Number, P.O. Box: _____

Postcode, Town: _____

Insurance Number: _____

Date of birth: _____

Telephone: _____

E-Mail: _____

Mailing address for business correspondence

Company name: _____

Surname, First name: _____

Street, Number, P.O. Box: _____

Postcode, Town: _____

Telephone: _____

Fax: _____

Does any of the persons to be insured draw benefits from the disability, military or accident insurance or a pension fund or have applications been submitted? Yes No

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
- 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

Incomplete documentation will delay the application process.

Please sign and send to GastroSocial.