

Registration with pension fund (BVG) by partnership

Company details

Company name: _____

Legal form: Simple partnership Limited partnership
 General partnership Community of heirs

Date of Commercial Register entry/Date of establishment: _____

UID number:

Date on which business was opened: _____

C H E -

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: _____

Payment address

IBAN number:

If the IBAN number is not known, please provide the following information:

Post office account:

Name of bank:

Clearing no.:

Bank account:

Details of association membership

Are you already a member of GastroSuisse?

Yes No

If yes, please provide your membership number:

If no, do you wish to become a member of GastroSuisse?

Yes No

Branches

Do you have other branches?

Yes No

Employees

Staff since:

Number of employees:

Surname, First name of employee:

Date of birth:

Surname, First name of employee:

Date of birth:

Surname, First name of employee:

Date of birth:

Surname, First name of employee:

Date of birth:

Surname, First name of employee:

Date of birth:

Surname, First name of employee:

Date of birth:

Surname, First name of employee:

Date of birth:

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Date of birth:

Surname, First name of employee:

Date of birth:

Surname, First name of employee:

Date of birth:

Surname, First name of employee:

Date of birth:

Surname, First name of employee:

Date of birth:

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.

1. Personal data of partner and place of residence (tax domicile)

Surname(s): _____

First name(s): _____

Insurance number: _____

Date of birth: _____

Street, Number: _____

Postcode, Town: _____

Telephone: _____

E-Mail: _____

Self-employment as:

Primary occupation

Secondary occupation

2. Personal data of partner and place of residence (tax domicile)

Surname(s): _____

First name(s): _____

Insurance number: _____

Date of birth: _____

Street, Number: _____

Postcode, Town: _____

Telephone: _____

E-Mail: _____

Self-employment as:

Primary occupation

Secondary occupation

3. Personal data of partner and place of residence (tax domicile)

Surname(s): _____

First name(s): _____

Insurance number: _____

Date of birth: _____

Street, Number: _____

Postcode, Town: _____

Telephone: _____

E-Mail: _____

Self-employment as:

Primary occupation

Secondary occupation

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 (partner 1)**

Place and date**Stamp and legally valid signature (partner 2)**

Place and date**Stamp and legally valid signature (partner 3)**

Incomplete documentation will delay the application process.

Please sign and send to GastroSocial.