

Registration by partners

Personal data of partner

Surname(s)/Company name: _____

First name(s): _____

Title: _____

Nationality: _____

Date of birth: _____

Insurance number: _____

Gender:

Male Female

Language of correspondence:

German French Italian

Current marital status:

Single
 Married
 Registered partnership
 Separated
 Divorced
 Widowed

Since: _____

Personal details of spouse or registered partner

Surname(s): _____

First name(s): _____

Nationality: _____

Date of birth: _____

Insurance number: _____

Gender:

Male Female

Working in the business?

Yes No

Place of residence (Tax domicile)

Addition to address: _____

Street, Number: _____

Postcode, Town: _____

Telephone: _____

Fax: _____

E-Mail: _____

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:

Information on partners

Partner since:

Self-employment as

Primary occupation

Secondary occupation

If secondary occupation: Do you have another job as:

Employee

Self-employed individual

If an employee, please provide the name of the company:

Do you already settle your contributions with a compensation office?

Yes

No

If yes, please provide the name and number of the compensation office:

The competent compensation office will decide on an ad hoc basis if the insured must be deemed a self-employed individual as defined by the Federal Law on Old Age and Survivors' Insurance (AHV).

Earned income and equity

At how much do you estimate your income from self-employment (after deduction of your expenses)?

Expected income from self-employment for current year:

Period (from – to):

Please enclose the declarations of income and financial statements for the previous year.

Equity invested in the business:

Do you have paid employment abroad?

Yes

No

If yes, as:

Employee

Self-employed individual

in which country:

Direct debit

Would you like to pay your invoices by direct debit?

Yes

No

Comments:

Confirmation

The application has been completed truthfully:

Place and date

Stamp and legally valid signature

Incomplete documentation will delay the application process.

Please sign and send to GastroSocial.