

## Registration by partners

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### 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.