

## Membership Application for Self-employed Persons

**To benefit from our services, you must be an existing member or apply to join the Chamber of Commerce and Industry of the Canton of Vaud (CVCI), our founding association**

We wish to join :

The AVS / AI / APG Compensation Fund

\_\_\_\_\_

as of > joining date

The Family Allowance Fund

\_\_\_\_\_

as of > joining date

\_\_\_\_\_  
Surname / First name > enclose a copy of your ID card or of your residence permit

Ms.  Mr.

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Nationality > if you are a non-EU national, please enclose a copy of your residence permit

Civil status

Single

Married

Separated

Divorced

Widower /  
widow

Registered  
partnership

\_\_\_\_\_  
NSS no. > replaces AVS no.

\_\_\_\_\_  
Taxpayer ID no. > the number on your tax declaration

UID number \_\_\_\_\_ - \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ > company identity number can be accessed at [www.uid.admin.ch](http://www.uid.admin.ch)

### Private address

\_\_\_\_\_  
Street / No.

\_\_\_\_\_  
Post code / Place

\_\_\_\_\_  
Private tel. no.

\_\_\_\_\_  
Cell no.

\_\_\_\_\_  
**Company name**

### Business address

\_\_\_\_\_  
Street / No.

\_\_\_\_\_  
Post box

\_\_\_\_\_  
Post code / Place

\_\_\_\_\_  
Tel.

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

### Payment details (in Switzerland)

\_\_\_\_\_  
Name of bank

Private account no. IBAN \_\_\_\_\_

\_\_\_\_\_  
Name of bank

Business account no. IBAN \_\_\_\_\_

## Information about your business

Company opening date or start of activities date

Legal form :

individually-owned company

simple partnership

collective partnership\*

limited partnership\*

community of heirs

\* Partners

Surname / First name

Street / No.

Post code / Place

Surname / First name

Street / No.

Post code / Place

Field of activity and detailed description of your business

Do you have a licence to practise your profession, or are you listed in an official commercial register?

> enclose a copy of your licence to practise your profession or an excerpt from the register

yes  no

Type of activity

principal  secondary

Did you take the business over?

yes  no

If yes, please provide details of former manager

Surname / First name

Street / No.

Post code / Place

Did you make a capital investment in your business?

yes  no

If yes, the sum in CHF

Please indicate what the money was spent on

Do you keep accounts with profit and loss and balance sheet?

yes  no

If yes, what is your accounting period

to

Are you entirely responsible for the overheads and operating costs?

yes  no

Do you use business premises outside your own home?

> enclose a copy of the rental agreement

yes  no

Do you have a business structure with an office and secretarial facilities?

yes  no

Have you taken out third party insurance for your business?

> enclose certificate

yes  no

Do you have any branches or agencies?  yes  no

**Branch / agency address**

\_\_\_\_\_  
 Street / No.                      Post code / Place                      Date                      Payroll

**If you have other branches, please enclose addresses and other information on a separate sheet**

Do you acquire clients yourself?  yes  no

\_\_\_\_\_  
 If yes, in what way?

\_\_\_\_\_  
 What establishments or companies do you subcontract? > enclose copies of contracts or agreements

**Establishment or company 1**

\_\_\_\_\_  
 Company name                      Street / No.                      Post code / Place

**Establishment or company 2**

\_\_\_\_\_  
 Company name                      Street / No.                      Post code / Place

**Establishment or company 3**

\_\_\_\_\_  
 Company name                      Street / No.                      Post code / Place

\_\_\_\_\_  
 How are you remunerated?

In case of non-payment of bills, do you use a debt-collection agency?  yes  no

If not, do you personally undertake debt-collection procedures through the Official receiver (l'Office des poursuites)?  yes  no

Do you engage in any other gainful employment?  yes  no \_\_\_\_\_  
 Rate (%)

If yes, please provide employer's details

\_\_\_\_\_  
 Company name                      Street / No.                      Post code / Place

How would you briefly define your risk as an employer?  
 \_\_\_\_\_

Estimated annual income in CHF from your work as a self-employed person \_\_\_\_\_

Has your situation in respect of statutory social insurance been formally examined?  yes  no  
 > enclose a copy of the decision

If yes, by whom?  
 \_\_\_\_\_  
 Name

## Employees

Do you employ staff?

yes  no

\_\_\_\_\_

Estimated annual payroll in CHF

> including 13th -month salaries, allowances, bonuses, etc. .

\_\_\_\_\_

First salary  
payment date

Do you participate in an occupational pension scheme (LPP)?

**Please enclose the LPP insurance certificate**

yes

\_\_\_\_\_

LPP insurer's name

\_\_\_\_\_

Street / No.

\_\_\_\_\_

Post box

\_\_\_\_\_

Post code / Place

no

Reason

\_\_\_\_\_

Have you taken out an accident insurance (LAA)?

**Please enclose the LAA insurance certificate**

yes

\_\_\_\_\_

LAA insurer's name

\_\_\_\_\_

Street / No.

\_\_\_\_\_

Post box

\_\_\_\_\_

Post code / Place

no

Reason

\_\_\_\_\_

## Determination of the EU/EFTA/CH applicable legislation

Do you exercise another lucrative activity outside of Switzerland?

yes  no

If yes,

Employee

Without gainful employment

\_\_\_\_\_

Country

\_\_\_\_\_

as of

## Sales activities

- Do you set the prices?  yes  no
- Can you grant reductions, discounts or credit facilities?  yes  no
- Do you issue your own sales invoices?  
> please enclose samples  yes  no
- Are you responsible for unsold items?  yes  no
- Do you hold stocks of goods or equipment?  yes  no
- Are you responsible for after-sale service?  yes  no
- If an article is defective, are you responsible for the loss incurred to replace it?  yes  no

\_\_\_\_\_

If not, who is responsible ?

Your signature below certifies that all the above information is accurate

\_\_\_\_\_

Place and date Stamp and signature

Enclosures :

- Application for CVCI membership
- Copy of ID card or residence permit
- Copy of residence permit for non-EU nationals
- Copy of licence to practise your profession, or commercial register excerpt
- Copy of commercial rental agreement
- Third party insurance certificate
- Copy of social security decision
- Copy of subcontracting contracts or agreements
- LPP insurance certificate
- LAA insurance certificate
- Sample of headed paper
- Other \_\_\_\_\_