

Membership application for companies

**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

Company name > as per Commercial Registry entry

UID number - . . > company identity number can be accessed at www.uid.admin.ch

Head Office address > place of jurisdiction

Street / No.

Post code / Place

Postal address

Street / No.

Post box

Post code / Place

Contact person

☐ Ms. ☐ Mr.

Tel.

Fax

E-mail

Payment details (in Switzerland)

Name of bank

Account no. IBAN

Does the company employ staff?

☐ yes ☐ no

Estimated annual payroll in CHF

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

First salary payment date

Does the company have any branches?

☐ yes ☐ no

Branch address

Street / No.

Post code / Place

Opening date

Annual payroll

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

The compulsory accident insurance (LAA) and occupational pension scheme (LPP)

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

Please enclose your LPP insurance certificate

☐ yes

Name and address of LPP insurer

Street / No.

Post box

Post code / Place

☐ no

Reason

Have you taken out an accident insurance (LAA)?

Please enclose your LAA insurance certificate

☐ yes

Name and address of LAA insurer

Street / No.

Post box

Post code / Place

☐ no

Reason

Place and date

Stamp(s) and signature(s)

Enclosures :

☐ CVCI membership application (fill in online)

☐ LPP insurance certificate

☐ LAA insurance certificate

☐ List of staff members