

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

LPP insurance certificate

LAA insurance certificate

List of staff members