

## 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 (fill in online)
- 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 \_\_\_\_\_