CVCI Caisse AVS

Do not forget to sign. Make sure all enclosures are attached !

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

Name of company's bank | or company's postal account no.

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

CVCI
Caisse AVS

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