CVCI Caisse AVS

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

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

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

Name of bank (private account) — or private postal account no.

Bank account no. — IBAN

Name of bank (business account) — or business postal account no.

Bank account no. — IBAN

CVCI Caisse AVS

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 ? ☐ yes ☐ no
> enclose a copy of your licence to practise your profession or an excerpt from the register

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 ? ☐ yes ☐ no
> enclose a copy of the rental agreement

Do you have a business structure with an office and secretarial facilities ? ☐ yes ☐ no

Have you taken out third party insurance for your business ? ☐ yes ☐ no
> enclose certificate

CVCI Caisse AVS

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

CVCI
Caisse AVS

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

CVCI
Caisse AVS

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