**Personal details – Fee recipients / committee members**

Order number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee payments to service providers who are not self-employed and committee members of the Federal Administration are processed by the company BDO AG. We are sending you this questionnaire to initially compile the required personal data. When dealing with personal data, the currently applicable rules on processing personal data in the Federal Administration will be applied.

Please provide full details.

# Personal details of the mandated person

|  |  |
| --- | --- |
| Form of address |  |
| Surname |  |
| First name |  |
| Maiden name |  |
| Date of birth |  |
| Nationality | (if this is not Swiss, please refer to point 5) |
| Insurance number  (AHV no.) |  |
| Language for  correspondence |  |

# Are you the owner of a company in the form of a legal entity (e.g. GmbH or AG) or is the fee/attendance fee paid directly to your employer?

Yes If your answer was "yes", please proceed directly to question 6.3, 7 and 10.

No If your answer was "no", please continue with question 3.

# Are you self-employed?

Yes If so, which compensation office do you deal with and what is your VAT number (if you are liable to VAT)? Please enclose confirmation from your compensation office, which also indicates the sector in which you work.

|  |  |
| --- | --- |
| Value added tax number |  |
| Name of compensation office |  |
| Street / Town / City |  |
| Telephone number / email |  |

I acknowledge that I myself, as a self-employed person, am responsible for settling with the   
compensation office and any pension fund and that the compensation office will take the decision on my status as a self-employed person.

|  |  |
| --- | --- |
| Signature and date |  |

No If the answer was "no", you will receive a fee statement as an employed person. The social security contributions will be settled by the client with the Federal Compensation Office.

# Marital status / Children

Marital status  Single  Married 1)  Separated 1)

Divorced 1)  Widowed 1)  Registered partners 1)

1) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children  Yes  No

If your answer was "yes" and providing that the work for the client mentioned below constitutes your main source of income, please tick the following box.

Please send me the "Family allowance application form".

# Foreigners

|  |  |
| --- | --- |
| Country |  |

Permit type:  Permanent residence permit (C permit)

Annual residence permit (B permit)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Until when is your permit valid? \_\_\_\_\_\_\_\_\_\_\_\_

Subject to withholding tax with church tax  Subject to withholding tax with no church tax

# Addresses

## Home address of the mandated person

|  |  |
| --- | --- |
| Address |  |
| P.O. Box (where applicable) |  |
| Postcode /city / town /  country |  |
| Telephone number / email |  |

## Persons resident and/or working abroad

Are you still also engaged in gainful activity in your country of domicile or in another country?  Yes  No

**If so,** please state the country/countries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you considered there as (please tick the relevant box):  an employee  self-employed

If you work in your country of domicile or in another country, please fill in the form "Multiple activity CH/EU/EFTA - Determination of applicable social security law" and submit it together with this personal data form.

In accordance with Article 21 paragraph 2 of Regulation (EC) 987/09, fee recipients (citizens of Switzerland or an EU or EFTA country), whose usual place of residence and work is in an EU or EFTA country, must fulfil any duty of the procuring entity (Federal Administration) to pay contributions to the competent social security institutions themselves.

The procuring entity (Federal Administration) requires an A1certificate, which states in which country the person, is insured. The A1 form must be submitted with the personal details form. Upon receipt, the contributions obligation will be defined in a separate agreement in accordance with Article 21 paragraph 2 of Regulation (EC) 987/09. Any employer contributions and administrative costs owed in the EU/EFTA state are included in the agreed fee. Health insurance is the responsibility of the service provider.

## Company address (if the answer to question 2 or 3 was "yes")

|  |  |
| --- | --- |
| Company |  |
| Company headquarters |  |
| Entry in the commercial register | Place and year |
| Address |  |
| P.O. Box |  |
| Postcode /city / town |  |
| Telephone number / email |  |

# Payment address

|  |  |
| --- | --- |
| Post office / bank name |  |
| Account holder |  |
| Post office /  bank account number |  |
| IBAN |  |

# Pension fund (only for persons who answered "no" to question 3)

You answered "no" to question 3 and are therefore considered an employee. If the conditions are fulfilled, you will be insured with the Federal Pension Fund against the economic consequences of old age, death and invalidity.

## Main and secondary source of income

For the client mentioned below you have a secondary occupation, and your main occupation is on a self-employed basis. Please enclose confirmation from your compensation office.

For the client mentioned below you have a secondary occupation and are already mandatorily insured through your main form of gainful employment. Please enclose confirmation from your employer or your pension fund.

Are you already insured with another pension fund?

No  Yes / Name of the pension fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you receiving a pension from the Federal Pension Fund?

No  Yes (please enclose the pension approval certificate)

# Other contractual relationships with the Federal Administration

|  |  |  |
| --- | --- | --- |
| Date from | Date to | Administrative unit / agency |
|  |  |  |
|  |  |  |
|  |  |  |

# Signature

I hereby confirm the accuracy of the information provided above.

Place and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forward to the client

|  |  |
| --- | --- |
| **Administrative unit** |  |
| Address |  |
| Postcode / city / town |  |

Enclosures (please tick the relevant box):

Copy of decision awarding disability or retirement benefits

Copy of confirmation letter from occupational pension fund or employer

Copy of work permit/residence permit

Request for a certificate of posting

A1 certificate

Form "Multiple activity CH/EU/EFTA - Determination of applicable social security law"

Copy of passport