

## Registration form for sallis – payrolling/contracting

### Project information (please complete all fields)

Job title: *e.g. consultancy*

Start date:  End date:

open-ended

Salary type:  hourly rate  monthly rate  
 daily rate  project budget

Customer rate:

Gross wage freelancer:  Working hours per month (160 h = 100%):

### Company/client company/invoice recipient (please complete all fields)

Name of firm:	<input type="text"/>	<b>Contact person</b>	
Street / No.:	<input type="text"/>	Name:	<input type="text"/>
ZIP / place:	<input type="text"/>	Surname:	<input type="text"/>
		E-Mail:	<input type="text"/>
		Phone number:	<input type="text"/>
Invoice address:	<input type="checkbox"/> as above <input type="checkbox"/> divergent (please specify)		<input type="text"/>

### Freelancer/employee/contractor/consultant (please complete all fields)

Surname:	<input type="text"/>	Street / No.:	<input type="text"/>
Name:	<input type="text"/>	ZIP / place:	<input type="text"/>
Date of birth:	<input type="text"/>	Phone number:	<input type="text"/>
Place of citizenship:	<input type="text"/>	E-Mail:	<input type="text"/>
Nationality:	<input type="text"/>	AHV (OASI)-No.:	<input type="text"/>
Work permit:	<input type="text"/>	Learned occupation:	<input type="text"/>
Tax at source:	<input type="checkbox"/> yes <input type="checkbox"/> no	Actual occupation:	<input type="text"/>

### If tax at source is yes, please answer the following:

Does your spouse work?  yes  no

What is your religion?

Civil status:  Work capacity:  yes  no

Number of children:  Driving licence:  yes  no

Duty of support for the children:  yes  no

Bank and clearing No. / account No.:

Sex  female  male Payment date:

Retirement fund (occupational benefit):  sallis basic (compulsory occupational pensions)  
 sallis PLUS (compulsory occupational pensions with additional benefits)

The retirement fund can be changed at the turn of the year.

### For the contract preparation we need:

- ✓ **Passport / ID / valid work permit**
- ✓ **CV with picture**
- ✓ **Copy of AHV (OASI) card**
- ✓ **Copy of bank card**

With my signature I confirm the correctness of the above details, all other oral and written information given and the authenticity of all documents submitted. I grant sallis - Bellini Personal AG permission to obtain references and all other appropriate information about me, process my personal file and to store and file it in a computer system. I may revoke this permission in writing at any time.

Place and date:

Signature freelancer: