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| **DATA CONCERNING THE CREDITOR/CONTRACTOR** |

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| **New data , Mutation of existing data** (please enter the business partner no. ) |  |  |

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| **Contract Partner Type** |

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| **Data concerning the creditor** *(must be completed by the creditor/contractor)* | | | | | |
| **Name of account holder**  (Company ***or*** First name, family name) |  | | **Language** | |  |
| **Street/House number** |  | | **Email** | |  |
| **P.O. Box** |  | | **Phone 1 No** | |  |
| **Postcode** |  | | **Phone 2 No (Mobile)** | |  |
| **City** |  | | **Fax** | |  |
| **Country** |  | | **UID No.** | |  |
|  |  | | **VAT No.** | |  |
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| **Payment details** | **Bank 1 – Master data** | | **Bank 2 – Master data** | | |
| **Name of bank** |  | |  | | |
| **Street/House no. (Address)** |  | |  | | |
| **Postcode + city + country** |  | |  | | |
| **Post account no. (of BANK)** |  | |  | | |
| **Clearing no.** |  | |  | | |
| **SWIFT code** |  | |  | | |
| **Account no.** |  | |  | | |
| **IBAN** |  | |  | | |
| **Post account no. (of CREDITOR)** |  | | | | |
| **PBC/POR (ESR) number** |  | | | | |

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| **Responsible Person at FDFA** | | |
| Name / Unit | Email / Phone | Date |
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| **DATA OF CONSULTANTS (CORPORATE BODIES, INDEPENDENTS, NATURAL PERSONS INCL. SUB-CONTRACTORS)** (AG, GmbH, foundation, association, sole proprietorship, etc.) | | | | |
| **Family names and first names***of staff involved in the contract (please attach CVs)* | | | | Date of birth |
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| Please answer the following questions **if you are a self-employed person and if you are the owner of a sole proprietorship, a general partnership or a partnership***and enclose with the completed forms the corresponding certification (no older than two years) from the social security authorities where your firm is registered.* | | | | |
| The contractor YES NO   * has their own, separate business office * employs their own personnel (permanently hired) * is required to pay VAT * is listed in the trade register * has had, during the current calendar year, other clients/principals in addition to FDFA (number) | | | | |
| **DATA OF CONSULTANTS EMPLOYED, (NATURAL PERSONS)** (for whom the FDFA, as principal, is responsible for paying the legally owed social security contributions) | | | | |
| **Personal data** | | | | |
| Date of birth: |  | | | |
| Nationality: |  | | | |
| Profession: |  | | | |
| Sex: |  | | | |
| Indicate 13-digit “ AHV ” number (social security): | | |  | |
| Consultants (foreign national) residing in Switzerland: | | *Please enclose copy of passport and of residence permit* | | |
| Please answer the following questions **if you execute the mandate as an employed, natural person (with social security statements by the principal):** | | | | |
| The Consultant YES NO   * works freelance * is executing the assignment during their holidays or in their spare time * is executing the assignment during unpaid leave * is made available by their employer against a salary-compensation payment  (Name of employer: ………………………………… *Please complete additional cover sheet!)* * is subject to withholding tax (*Please enclose copy of passport and of residence permit)* * is a Swiss journalist and is member of a pension fund for journalists: * is an employee of the Swiss Federal Administration * is retired * is retired and draws a pension from Publica (pension fund of the Swiss Confederation) | | | | |