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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.** |       |
|  |  |  |  |
| **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 toFDFA (number)
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| **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) [ ]  [ ]
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