

Form

New employer

Company full name: _____	<input type="checkbox"/> Start-up
Company adress: _____	
Tel. No.: _____	
Product-Line: _____	Collective agreement: _____
Working hours per week: _____	Working days per week: _____
Pay date for salaries: _____	
Contact person: _____	E-Mail: _____

Bank Details

Bank: _____
IBAN: _____ BIC/ SWIFT: _____

Authorities

'MVK' Severance Payment Fund: _____	Tax No.: _____
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Workplaces and their authorities

Workplace address: _____	
Municipality: _____	
IBAN: _____	Municipal Tax-No.: _____
Soc. sec. Authority: _____	Soc. sec. Authority No.: _____

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Needed documents

<input type="checkbox"/> Power of attorney for social security	<input type="checkbox"/> Excerpt of companies register
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[print form](#)

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