

Registration Form

Please fill in all of the fields on the form legibly. The index letters refer to the instructions found on the last page of this document.

Employer's Inform	ation	Employer's number	
Ms	Mr		
Surname :	1411	First name :	
Address:			
Postal code :	City:	Phone :	
Email :	5.4, .	Cell:	
a) Employee's Information		Employee's number	
Ms	Mr		
Surname :		First name :	
Address:			
Postal code :	City:	Phone:	
Email :		Cell:	
Date of birth : (dd/mm/yyyy)	Nationa	lity: Civil status:	
		e form must be attached to either a copy o his photographic ID document.	f your
The employee alred	ady recieves family allowa	nces. Yes	No
The employee wou Chèque service.	ld like to apply for family a	lowances with Yes	No
Contract Data			
Type of activity :	Housekeeping	Childcare	
	Personal assistance	Childcare and housekeeping	
	Gardening	Other:	
Contract starting d	ate :		
b) Contract type :	Permanent	Fixed-term and the end date is :	

I would like to declare salaries with:

- c) Paper check book salary declaration (Postal mail)
- d) Online salary declaration (internet)

Salary (Please select only one option)

Hourly wage

e) **Net** hourly wage: CHF **per hour**

Number of worked hours per week

f) Paid vacations indemnity

Not included (hours must be paid during holidays)

4 weeks included (indemnity is paid during worked hours)

5 weeks included (indemnity is paid during worked hours)

Salary in kind is not possible for hourly wage contracts

Monthly wage

e) Net monthly salary: CHF per month

Number of contractual hours per week

Salary is maintained during holidays

g) Salary in kind: yes no

Meals: Full CHF 645.-

or

Nb of days with Breakfast per week:

Nb of days with Lunch per week: Nb

of days with Dinner per week:

<u>Accommodation</u>

: Full month: CHF 345.-

Or Nb of days per week:

h) My employee is subjected to withholding tax and I would like to mandate Chèque Service for the administrative management (A copy of the work permit coupled with the dedicated management mandate must be attached to this form)

By signing, the employee certifies that more than 75% of her/his total work activity is completed in Switzerland. The employee agrees to immediately inform Chèque Service of any change in her/his personnel data (marital status, name, address, unemployment, permits, etc.)

Employee's signature:

By signing this form, the employer certifies that he/she has read the terms and conditions enclosed to this form, accepts them and commits to comply to them. In addition, he/she certifies that the information provided is true and instructs Chèque Service to report the wages to the social security insurances on his/her behalf. The payment of the social security charges is due in advance (quarterly).

Employer's signature:

Documents to send to Chèque Service

- The present registration form signed by both employee and employer
- A copy of your employee's AVS card (or at least a copy of an official document)
- The Tax at source management mandate (if mandated by the employer and applicable)