

Masterform fiscal-representation

Company

Name	_____	Street & Nr.	_____
ZIP & Place	_____	Country	_____
UID-No.	_____	Language	_____
Phone	_____	Fax	_____
Mail	_____	IBAN	_____

Contact person

Firstname, Name	_____	Function	_____	Phone	_____
Mail	_____	Language	_____		
Firstname, Name	_____	Function	_____	Phone	_____
Email	_____	Language	_____		

VAT / Key figures

VAT No. (if already registered)	_____	to apply by	_____
Business-Sector	_____	Start business in CH	_____
Income CH til today (What was the income from the beginning till now in Switzerland?)			_____
Future (Would you still be active with your company in Switzerland during the next 12 months?)			_____
Income CH (What you expect for income in the first 12 months in Switzerland?)			_____
Income global (What you expect for income in the next 12 months worldwide?)			_____
Incoming Invoices	_____	Outgoing Invoices	_____

Describe exactly your business
