



External resource information

(Not applicable to workers providing services through a company)

- a. Once the present form has been completed by the External resource, please submit to your Team contact electronically
- b. Required documentation needs to be submitted at the same time in order to ensure timely processing.

- Manual input fields
- Automatically compiled

1. Event information

Event Name

Event date

Workplace Country

Team

Team contact mail

Contractual activity dates from/to

No. of days worked

2. External resource information *Personal information (as stated in the contract)*

Name	<input type="text"/>	E-mail	<input type="text"/>
First Name	<input type="text"/>	Marital Status	<input type="text"/>
Street	<input type="text"/>	Nationality	<input type="text"/>
Postal code	<input type="text"/>	Passport No.	<input type="text"/>
City	<input type="text"/>	Swiss working permit	<input type="text"/>
Country	<input type="text"/>	Date of birth	<input type="text"/>
Phone	<input type="text"/>	Swiss social security no.	<input type="text"/>

For Non-Swiss External resources working in CH-only applicable to Switzerland workplace

3. Qualification of independent status

A. For Swiss nationals or Resources having activity in Switzerland AVS Attest

B. Can you provide the official forms required (European/USA based citizens)? A1 W9 No

Note: Checking the box 3a & b means you must attach the form to this questionnaire!

C. Non-European/Non USA where countries have no convention with CH Self-attest

D. Non-European/Non USA where countries have a convention with CH Attest Social security

E. None of the above (employee)

4. Remuneration Fees

Contract

Day

Monthly for tax rate

Fees & allowances (as stated in the contract)

CHF

CHF

CHF

Base

Travel allowances

Housing allowances

Meal allowance

Total

Expenses approved

Total payable

5. Tax information for Non-Swiss nationals/Non-Swiss C permit holders and Swiss nationals living outside Switzerland

(only for events taking place in Switzerland)

Family situation

Tax code	A Single			
	H Single parent family, living with minor children	if married:		
	B Married tax payer whose spouse has no income	Spouse's Name	First name	Birth date
	C Married tax payer whose spouse has an income			

No of children		Birth date
		Child's Name/First name
Has the husband/spouse income	Yes No	

6. Payment information

Beneficiary *(Same name than in identification point 2)*

IBAN / bank account *(IBAN mandatory else bank account)*

Bank Name

Street/PO Box

City

Country

Swift/BIC

Special instructions

(For internal use) Cost center: