

Master Data

 for posting workers to Germany

Company account number with Sozialkasse des Gerüstbaugewerbes	Country code	Posting period	
		Day Month Year	Day Month Year
<input type="text"/>	<input type="text"/>	from <input type="text"/> . <input type="text"/> . <input type="text"/>	to <input type="text"/> . <input type="text"/> . <input type="text"/>

Company main office data

Firm name and legal form

Firm name and legal form (ctd.)

Street and house number

Postcode City/town

E-Mail address

Legal representative (managing director, CEO, etc.)

Legal representative (managing director, CEO, etc.) (ctd.)

Service address in Germany

Responsible person to contact

Responsible person to contact (ctd.)

Street and house number

Postcode City/town

Telephone number Fax number

Mobile

E-mail address

Sozialkasse des Gerüstbaugewerbes
- Online-Service -
Postfach 51 25
65041 Wiesbaden
DEUTSCHLAND

Application for participation in the reporting scheme by internet dialogue (online service)

Company account number:

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Country code:

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Firm name: _____

Person to contact: _____

The contact is authorized to register/deregister further employees of the company as user of the online service.

E-mail-address: _____

Street: _____ Number: _____

City/town: _____ Postcode: _____

Telephone number: _____ Fax number: _____

From report month/year: _____

Used pay programm: DATEV BRZ Others

We apply for granting/changing access to the data transfer functionality by internet dialogue and request that the access data is sent to us. The conditions for participating in the reporting scheme by internet dialogue are available at www.sokageruest.de/downlads. We have read and accepted these conditions.

If you authorize a tax consultant/payroll office to use the online service for you, please complete the following fields in addition:

Name of the office: _____

Person to contact: _____

E-mail-address: _____

Street: _____ Number: _____

City/town: _____ Postcode: _____

Telephone number: _____ Fax number: _____

We permit the tax advisor/payroll office access to the online service for my company. The tax advisor/payroll office has received the terms of use from me.

Date

Signature

Company stamp

(Name und Anschrift des Betriebes - Vollmachtgeber)

Datum:

Betriebskonto-Nr.: _____

Sozialkasse des Gerüstbaugewerbes
Postfach 5125
65041 Wiesbaden

Vollmacht

Ich bevollmächtige hiermit

Name:

Straße:

PLZ, Ort:

Telefon:

Telefax:

E-Mail:

1. zur Führung der Korrespondenz mit der Sozialkasse des Gerüstbaugewerbes und der Zusatzversorgungskasse des Gerüstbaugewerbes VVaG und
2. zur Abgabe von Erklärungen gegenüber der Sozialkasse des Gerüstbaugewerbes und der Zusatzversorgungskasse des Gerüstbaugewerbes VVaG

im Rahmen der Teilnahme am Sozialkassenverfahren des Gerüstbauer-Handwerks.

Firmenstempel und Unterschrift des Vollmachtgebers