CONTACT DETAILS

Send this form to avtalsteckningregion2@byggnads.se together with attached translated documents. The subject of the mail should contain company name, registration number and D-U-N-S number.

Company name:

Company registration number:

Full address:

Full visiting address (not PO box etc):

Phone number:

Mobile number:

E-mail address:

Signatory:

Personal number:

ATTACHED DOCUMENTS

Proof of Company Registration

Proof of tax registration

Proof of employment Number:

The latest pay slip

FORA insurance number (seven figures):

The Company doesn’t have FORA insurance

Helthcareagreement (if such exists)

The Company doesn’t have Healthcareagreement

Copy of official order and/or contract

A1 documents for all your employees

ADDITIONAL INFORMATION: Describe the activities of your company (i.e. scaffolding, assembly work, construction)