CONTACT DETAILS

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

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| Company name:        |
| Registration number:       |
|  |
| Address:       |
| Postal code and city:       |
|  |
| Visiting address (if other than above):       |
| Postal code and city:       |
|  |
| Phone number:       |
| Mobile number:       |
| E-mail:       |
| Website:       |
|  |
| Person authorized to sign for firm:       |

ATTACHED DOCUMENTS

[ ]  Proof of Company Registration (not older than one month)

[ ]  Proof of Tax Registration

[ ]  Employment contract/contracts

[ ]  The latest pay slip for the employed/employees

[ ]  Fora insurance (seven figures):

[ ]  The company doesn’t have Fora insurance

[ ]  Healthcare agreement

[ ]  The company doesn’t have a healthcare agreement

[ ]  Copy of official order and/or contract

[ ]  A1 documents for all your employees

ADDITIONAL INFORMATION:

Describe the activites of your company (i.e. scaffolding, assembly work, construction)

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