CONTACT DETAILS

Send this form to [avtalsteckningregion2@byggnads.se](mailto: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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