

## Company Information Form – Pensioenfonds Detailhandel

You are receiving this form because your business activities may possibly fall under the scope of Pensioenfonds Detailhandel. To determine whether you are obliged to join Pensioenfonds Detailhandel, we kindly ask you to answer the questions below.

If you do not understand a question, please provide the most appropriate answer and give an explanation in the open text field. We also kindly ask you to describe, in your own words, the activities your company performs in the same text field.

### Other Pension Fund

Is your company already affiliated with another (mandatory) pension fund? If so, please fill in the name of the pension fund and your registration number with this pension fund below. You do not need to answer the remaining questions. In addition, we kindly request that you attach a proof of registration. Think of a recent invoice or a welcome letter. You may redact confidential information.

Name of the pension fund: \_\_\_\_\_

Registration number: \_\_\_\_\_

Affiliated since: \_\_\_\_\_

### Employment and Employment Data Submission

Do you currently have employees, or have you had employees in the past?

YES    NO

### Business Activities

1. Is more than 50% of your payroll involved in selling goods to consumers and business end-users?

YES    NO

2. Is more than 10% of your company's revenue dependent on the sale or resale to private customers?  
 YES    NO
3. Is your business a supermarket?  
 YES    NO
4. Is your business primarily (more than 50% of the payroll) engaged in selling milk and dairy products?  
 YES    NO
5. Is more than 50% of your payroll involved in the pickup and/or delivery of meals and/or snacks?  
 YES    NO
6. a. Is your company involved in the (outsourced) production/refinement/reuse of textiles? \* one- or two-dimensional or socks \*\* bleaching, dyeing, coating, printing  
 YES    NO  
b. If yes, then indicate the percentage of payroll and revenue related to this activity.  
 (Outsourced) production of textiles \_\_\_\_\_ % of payroll  
 (Outsourced) processing/editing of textiles \_\_\_\_\_ % of payroll  
 (Outsourced) production of textiles \_\_\_\_\_ % of revenue  
 (Outsourced) processing/editing of textiles \_\_\_\_\_ % of revenue
7. Do you primarily (more than 50% of payroll) sell one of the following items: flower bulbs, garden seeds, agricultural seeds, live poultry, automobiles, gasoline, seed potatoes, marine supplies?  
 YES    NO
8. Is your business mainly (more than 50% of payroll) engaged in butchery activities (industrial processing of meat - excluding game and poultry - for human consumption)?  
 YES    NO

9. Is your company primarily (more than 50% of payroll) engaged in the production and/or sale of bakery products (fully or partially prepared from flour and/or chocolate products)?

YES  NO

10. Is your company primarily (more than 50% of revenue) engaged in wholesale of textile goods and related items? See the Mandatory Participation on [www.pensioenfondsdetailhandel.nl](http://www.pensioenfondsdetailhandel.nl) to read more about the various goods and articles.

YES  NO

11. Is your company primarily (more than 50% of payroll) engaged in installing wallpaper, laying floors and/or fixed carpets, or repairing floor coverings?

YES  NO

12. Is your company primarily a shoe repair business, (custom) shoemaker, and/or orthopedic shoemaker?

YES  NO

13. Is your company primarily engaged in producing leather from processed or unprocessed animal hides and/or further processing of leather, or finishing leather?

YES  NO

14. Is your company primarily engaged in manufacturing leather goods?

YES  NO

15. Is your company primarily engaged in manufacturing and/or wholesale sales of (mild) alcoholic or non-alcoholic beverages?

YES  NO

16. Is your company solely or mainly active in beer brewing (brewery business)?

YES  NO

## Description of Business Activities

Describe your business activities here and add any additional relevant information below.

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## Collective Labor Agreement (CLA) and Standard Working Hours

Under which Sector and CLA code does your company currently fall? Please provide the code and description. Also, fill in the standard working hours and indicate whether you are a member of an employer association.

Name and code CLA: \_\_\_\_\_

Name and code Sector: \_\_\_\_\_

Standard working hours per week: \_\_\_\_\_

The standard hours are the weekly working hours for a full-time employment agreement.

## Industry Association

Is your organization a member of an industry association? If so, fill in the details below.

Name and code of industry association: \_\_\_\_\_

## Uniform Pension Submission (UPA)

The UPA stands for Uniform Pension Submission. It allows employee and salary data to be submitted to us. The UPA submission happens automatically via your payroll software. This software package collects the necessary salary and employment data and submits it monthly in the correct format so it can be processed by us.

Do you submit employment data via your payroll package?

YES  NO

If the answer is YES, please indicate which payroll software you use:

Payroll software: \_\_\_\_\_

Email address for UPA feedback: \_\_\_\_\_

Employment data submission frequency. If you pay salaries monthly, choose monthly. If you pay salaries every 4 weeks, choose 4-weekly.

Monthly  4-Weekly

Bank account number: \_\_\_\_\_

Automatic collection  Manual collection

## Accounting Firm Information\*

Enter the information of your accounting firm below.

Name of accounting firm: \_\_\_\_\_

Authorization effective date<sup>1</sup>: \_\_\_\_\_

<sup>1</sup> Note: enter here the start date of the first period of salary data that your accounting firm must submit to Pensioenfonds Detailhandel.

Client number accounting firm: \_\_\_\_\_

If the client number is not known, fill in the following completely:

Chamber of Commerce number (8 digits): [\_\_\_\_\_]

Establishment number CoC (12 digits): [\_\_\_\_\_]

Postal code and city: \_\_\_\_\_

Street and number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## Invoice Access

'I authorize my accounting firm to view my invoices':

YES    NO

\_\_\_\_\_

## Signature

By signing this form, the employer below declares that the above information is complete and correct.

Tradename: \_\_\_\_\_

Chamber of Commerce number: \_\_\_\_\_

Wage tax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_

Representative: \_\_\_\_\_

Position: \_\_\_\_\_

Date and location: \_\_\_\_\_

## You can send this form to:

Pensioenfonds Detailhandel

P.O. Box 59205

1040 KE AMSTERDAM

Or by email: [werkgever@pensioenfondsdetailhandel.nl](mailto:werkgever@pensioenfondsdetailhandel.nl)