



Teknikföretagen

Application for membership

We hereby apply for membership in **Teknikföretagen** and **Svenskt Näringsliv**

- Teknikavtalet
 Tekniktjänsteavtalet

Company name, in accordance with registration document	
Postal address	Post Code & city
Street address, if different from postal address	
Organization Number/Civic Registration Number	
Telephone No.	Fax No.
Website	
Company operation namn, if different from above	
Contact person	
Short description of main business operations	

Previous year´s total sum of paid wages and salaries (including CEO, owners and family members)		
	Number of employees	Annual salary bill in 1,000 SEK
Salaried employees ("White collar")	_____	_____
Wage earners ("Blue collar")	_____	_____
Previous year´s EBITA	Main parent company´s organization number	
_____	_____	
<i>PLEASE NOTE! EBITA only applies for companies and corporate groups with more than 249 employees in total</i>		

We have been informed of compulsory rules concerning insurance policies and pension plans for employees. Sign here

Signature _____

ITP

The company will, in it´s application for pension agreement to Collectum, apply for ITP1 only for all salaried employees.

Alternative 1. If the application for ITP1 only is not approved the company will apply for both ITP1 and ITP2.

Alternative 2. If the application for ITP1 only is not approved the company wishes to annul it´s membership in **Teknikföretagen** and **Svenskt Näringsliv**.

The company will, in it´s application for pension agreement to Collectum, apply for ITP1 and ITP2 for all salaried employees.

Membership requested from (date) _____

We agree to the statutes of Teknikföretagen and Svenskt Näringsliv and undertake to, in every aspect, abide by the statutes and decisions made by Teknikföretagen's and Svenskt Näringsliv's general assemblies, boards and other bodies.

City	Date
Authorized signature/s, in accordance with registration document	Name (Block letters)
_____ Sign here	_____
_____ Sign here	_____

Processing of application
The application has been approved and membership has been granted from _____ Membership No. _____

Teknikföretagen and Svenskt Näringsliv

Signature _____

Basic Member Data

Company name	Organization number
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Billing address

<input type="checkbox"/> Same as postal address	
C/O	Attention
Address	Post Code & City

Main workplace	Number of
_____	Salaried employees ("white collar") _____
_____	Wage earners ("blue collar") _____

Other workplaces

Nr 2.	Number of
Postal address _____	Salaried employees ("white collar") _____
Street address _____	Wage earners ("blue collar") _____
Post Code & City _____	
Telephone _____	

Nr 3.	Number of
Postal address _____	Salaried employees ("white collar") _____
Street address _____	Wage earners ("blue collar") _____
Post Code & City _____	
Telephone _____	

Nr 4.	Number of
Postal address _____	Salaried employees ("white collar") _____
Street address _____	Wage earners ("blue collar") _____
Post Code & City _____	
Telephone _____	

Company formed this year <input type="checkbox"/> No <input type="checkbox"/> Yes, in month: _____
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Company employees insured through <input type="checkbox"/> Fora <input type="checkbox"/> Collectum <input type="checkbox"/> Other insurance company

CEO	Email address
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Contact person for annual membership data*

Name	Email address
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*) Member companies provide annual data based on previous year's paid salaries and wages, which forms the basis of the annual membership fee

Recipients of information and newsletters

Name	Email address	Workplace No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Teknikföretagen's regional office/signature

City	Date
Signature	Block letters