



**Questionnaire  
Company (Start-Ups)**

**Company Details**

Company Name	Street & Number	Postal Code & City	Telephone Number

**Personal Information of the Owner(s)**

Last Name	First Name(s)	Date of Birth	Occupation

**Personal Information of the Employee(s)**

Last Name	First Name(s)	Date of Birth	Occupation

**Other Important Information**

<b>Start Date / Date of Registration</b>	
<b>Information about the Business:</b>	
<b>Budgeted Annual Turnover:</b>	CHF
<b>Value of the Inventory:</b>	CHF
<b>Sum of Annual Salaries for all Males:</b>	CHF
<b>Sum of Annual Salaries for all Females:</b>	CHF
<b>Number of Employees incl. Owner(s):</b>	M: F:

**Services Required**

<input type="checkbox"/> Start-Up	<input type="checkbox"/> Insurances	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Taxes
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