

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 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.

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 date¹: _____

¹ 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