

<b>Self-employed person</b>	Name of self-employed person in full		Social security number	
	Person's postal address		Postal code	Post office
	Telephone number	E-mailaddress		Language <input type="checkbox"/> English <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish
	Title or occupation		Spouse's name	
<b>Company</b>	The company's name in full (in accordance with the Trade Register)			Business identity number
	Postal address		Postal code	Post office
	Telephone number	Field of business		TEL insurance number
<b>The self-employed person's position</b>	The self-employed person is <input type="checkbox"/> a sole trader <input type="checkbox"/> a family member of the owner <input type="checkbox"/> a partner in general partnership <input type="checkbox"/> a working partner in a limited partnership <input type="checkbox"/> a shareholder in a limited company			
	Percentage value of the number of shares in a limited company %		Percentage value of the number of votes in a limited company %	
<b>Other partners and shareholders</b>	Names and social security numbers of other working partners or company shareholders		In a limited company, percentage value of the shares of the number %	Are you a family member living in the same household as the self-employed person? <input type="checkbox"/> yes <input type="checkbox"/> no
			%	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Business activity</b>	Operations subject to YEL started on		The self-employed person's job description	
	The business activity is <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> year-round <input type="checkbox"/> seasonal		Average number of working hours/week	Months of operation/year
	The main occupation of a part-time entrepreneur		Specification of exceptional working hours or months of operation	
	Number of employees in addition to the self-employed person		The highest salary of the employed, EUR/month	Turnover, EUR/year (estimate)
<b>Income</b>	The amount of earned income affects, in addition to the amount of pension, other social benefits of the self-employed person. The self-employed person			Earnings euros/year
<b>Ability to work</b>	<input type="checkbox"/> is able to work <input type="checkbox"/> is not fully able to work <input type="checkbox"/> receives or applies for disability pension or equivalent compensation			
<b>Insurance contribution</b>	The insurance contribution is paid in <input type="checkbox"/> 1 instalment <input type="checkbox"/> 2 instalments <input type="checkbox"/> 3 instalments <input type="checkbox"/> 4 instalments <input type="checkbox"/> 6 instalments <input type="checkbox"/> 12 instalments			
	Payer <input type="checkbox"/> self-employed person <input type="checkbox"/> company		Maturity months	
<b>Further information</b>	TEL = Employees' Pensions Act, YEL = Self-Employed Persons' Pensions Act			
<b>Authorization</b>	I authorize (name and identity code) _____ telephone number _____ to given and receive information and commissions in issues relating to my YEL insurance.			
<b>Signature</b>	Date, signature and name clarification of self-employed person			
<b>Sales contact information</b>	Contact person		Telephone number	Number of contact person
	Recipient of reward		Telephone number	Number of recipient of reward
	Date when application arrived	Tip given by	Region number	If's client number