

Self-employed person	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	
Company	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
The self-employed person's position	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 %	
Other partners and shareholders	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
Business activity	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)
Income	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
Ability to work	<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			
Insurance contribution	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	
Further information	TEL = Employees' Pensions Act, YEL = Self-Employed Persons' Pensions Act			
Authorization	I authorize (name and identity code) _____ telephone number _____ to given and receive information and commissions in issues relating to my YEL insurance.			
Signature	Date, signature and name clarification of self-employed person			
Sales contact information	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