

Application form for employee

Name of employer						
Employee number (to be provided by Felixx.®loon)						
Per	sor	nal Data				
Last name						
Full initials	_					
Full prefixes	-					
Given name	_					
Street and house number	-					
Postal code and place of residence	_					
Date of birth	_					
Citizen service number (BSN)	-					
Nationality	_					
Gender	_	Male	Fen	nale	Neut	ral
Marital status		Married	Sing		Cohabi	iting
Mobile number (private)				,		O
Email address (private)	_					
Email address (work)	-					
Full name of partner	-					
- un nume of parener	_					
Acco	oun	t details	:			
IBAN						
Incom	ie t	ax applic	ed			
Apply income tax credit		Yes	No	Start dat	۵۰	
Signature for income tax credit*		100	110	Start dat	_	
Country of residence	_					
Country of residence	_					
Ca	ar d	letails				
Company car		Yes	No			
Licence plate number						
Does the employee use the car for private journeys?	_	Yes	No			
Declaration "Company car not for private use"		Yes	No			
provided						
Personal contribution lease car		Yes	No			
	€ _			Per me	onth	
Sal	ary	details				
Gross salary per month	€			FT		PT
Gross salary per hour	€ -			— Per ho	ur	
(specify if employee is paid by the hour or an on-call worker)	_					



Contract details										
Start date contract				Definite	Indefinite					
End date contract definite period of time										
Signed contract present	Y	es	No	_						
Number of contractual hours										
Hours per day	Mo:		Tu:	We:	Th:					
	Fr:		Sa:	Su:	_					
Department					_					
Function and function group in accordance with CLA [Collective Labour Agreement] (if applicable)										
In-service training - contractual hours including/ex-	Incl	uding	Exclusive							
cluding school hours			ours of school	per week						
Res	serva	tions								
Pay holiday allowance directly?	Y	es	No							
Pay for hours of holiday directly?	Y	es	No							
Registration of hours of holiday (or days) on payslip?	Y	es	No							
Time for time registration?	Y	es	No							
Number of holidays per year on a full-time basis?										
Ot	her	data								
Travel expenses	€									
Reimbursement of expenses	€									
Description of type of reimbursement of expenses										
Telephone costs	€									
Additional tax/deduction meals per day	€									
Proof of ID*	Y	es	No	(seen, approved and copy present)						
Data form template for income tax	Y	es	No	(completed in f	ull and signed)					
Pa	rticu	ılars								
Did or does the employee receive unemployment benefits or other social welfare benefits prior to the employment?	Y	es	No							
Does the employee have the status of "unable to work"?**	Y	es	No							
If yes, is a target group statement available?	Y	es	No							

^{*} If a signature is missing in the income tax section, then the entire statement regarding income tax must be completed in full and signed. This statement can be found on our website www.felixxwerkt.nl or on the www.belastingdienst.nl website. You must also make a copy of the proof of ID for each employee. This may be a passport or a municipal identity card. You must make a copy of both sides of the municipal identity card. For this purpose, a driving licence is not acceptable.

^{**} Definition "unable to work": (WIA [Dutch Law on Work and Income in Accordance with Capacity for Work] / WAO [Dutch Law on Invalidity Insurance] / Wajong [Dutch Law on Invalidity Benefit for Young Persons] / WAZ [Dutch Law on Invalidity benefit for self-employed persons], or others)?