

Instructions

With this order form and power of attorney, a company can only order the Reliable Partner Contractor's Liability Information service.

To join the Reliable Partner service, your company shall complete, sign and return the service order form and power of attorney. Fill in your company's information on form A – Order and Power of Attorney. Based on your order and power of attorney, all information required for the Contractor's Liability Act will be retrieved for the service about your company.

Price

The price of the Reliable Partner service is in accordance with the current price list. The current price list is available on the Vastuu Services Oy's website at www.vastuugroup.fi/en/pricelist. The service fee is invoiced at the beginning of the invoicing period.

Publication of data

The data about your company will be published in the service immediately after the power of attorney has been processed. If your company's information is missing or pending, the message "Waiting for information" will be displayed until the information has been submitted to Vastuu Services Oy. After the data has been published, your company can retrieve its own reports free of charge. This requires creating an account in the customer portal at www.vastuugroup.fi.

Form

Point

A

1.

Principal

Point 1: Fill in the company's basic information and invoicing information. Please note that in order for Vastuu Group to be able to send you notices and acquire additional information concerning your company, a valid e-mail address and mobile number shall be added. If your company is a member of an association or union, include this information on the space entitled "Association membership".

4.

Hired Labour

Point 4: Fill in information regarding hired labour in Finland. If you have no employed workforce in Finland, choose the alternative "No hired labour". Points 5–8 are voluntary if the company has no hired labour in Finland.

5.

Collective
Agreement
(TES)

Point 5: Choose which applicable collective agreement, or principle terms applicable to your work, that binds your company in Finland (TES).

6.

Employee
Pension
Insurance (TyEL)

Point 6: Fill in all required information regarding your Employee Pension Insurance.

7-9.

Workers' compensation
Insurance,
Liability Insurance
and Healthcare

In addition to the information supplied in the proxy, remember to add copies of the valid Liability insurance and Accident insurance certificates along with the signed agreement in the prepaid return envelope.

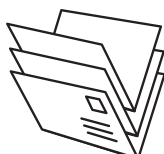
11.

Signatures

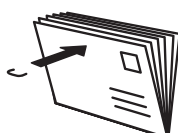
The power of attorney should be signed by the person/persons authorised to sign for the company. This information is crosschecked against the information listed in the official Trade Register.

Send by mail:

Fold all pages and leave the letter cover with the return address on the top.



Staple and send.



Send by email:

customerservice@vastuugroup.fi

Note! The Power of Attorney is to be signed by hand.



1.

Principal

Company name: _____ Registration number: _____
Billing address: _____
Postal code and Post office: _____
E-mail contact address: _____
Phone number: _____ Association membership: _____

2.

Authorised party

Vastuu Services Oy (hereinafter the authorised party)
Registration number: 3496594-3

3.

Power of
Attorney

Your company accepts the authorisation on page A.
The authorisation is published in full on page B.

4.

Hired
labour

- ☐ The company has hired labour in Finland.
☐ No hired labour in Finland.

Points 5–8 are voluntary if the company has no hired labour.

5.

Collective
Agreement

Generally Applicable Collective Agreement (TES).

Collective agreement/s: _____

6.

Employee
Pension
Insurance

- ☐ Varma Mutual Pension Insurance Company ☐ Veritas pension Insurance
☐ Local Government Pensions Institution Keva ☐ Elo Mutual Pension Insurance
☐ Ilmarinen Mutual pension Insurance Company ☐ Other: _____

7.

Workers'
Compen-sation

Insurance Company: _____
☐ The entrepreneur has a Farmers' Pension Insurance (MYEL)

Please include a less than 10 days old copy of official insurance certificate.

8.

Occupational
Healthcare

Name of Occupational Healthcare provider: _____

9.

Liability
Insurance

- ☐ I forbid the retrieval and publication of my Liability Insurance information.
☐ I authorise Vastuu Services Oy to obtain and publish liability insurance information.

Insurance company: _____
Please include a valid liability insurance certificate. The authorisation can be revoked at any time by notifying Vastuu Group's customer service.

10.

Additional notes
and comments

Additional notes and comments (if any)

11.

Signatures

The person/persons authorised to sign for the company as set out in the Trade Register

Date: _____ Place: _____

Signature and name in block letters _____ Date of birth: _____

Signature and name in block letters: _____ Date of birth: _____

Terms of service

The Customer's order and the provision of the Reliable Partner service are subject to the terms Terms of Services of Vastuu Services Oy, which are available on the Supplier's website at https://tos.vastuugroup.fi/en/Vastuu_Group_General_Terms.pdf

Authorisation

The compilation of certain data required by specific modules of the Reliable Partner service requires that the Customer grants the Supplier a power of attorney to retrieve this data directly from the data sources used by the Service on behalf of the Customer. The Customer authorises the Supplier to compile the data required by the modules of the Reliable Partner service ordered by the Customer, to import it into the Service, and to publish and use it in accordance with the Terms of Service. The authorisation covers the following data about the Customer, depending on the modules of the Reliable Partner service selected by the Customer:

Service module	Information covered by the authorisation	Data source	Mandatory information
Reliable Partner Contractor's Liability Information (TiVa)	- Information on tax payment certificate or tax debt certificate and its appendices - Information on the tax debt payment plan	Tax administration	Yes
	Accident insurance certificate or information on taking out accident insurance and its validity	Insurance company specified by the Customer	Yes
	Patient insurance certificate or information on the taking out patient insurance and its validity	Insurance company specified by the Customer	No
	Liability insurance details: - Liability insurance certificate, or - Information on taking out liability insurance, its coverage, sum insured and validity	Insurance company specified by the Customer	No
	TyEL insurance details: - Information on the validity of TyEL insurance, - Status of insurance premium payments or payment agreement concerning them, and - Information on the termination of the insurance	Insurance company specified by the Customer	Yes
	Information on the organisation of occupational health care: - Certificate or information on the organisation of occupational health care as referred to in the Occupational Health Care Act, the validity of the occupational health care agreement and the validity of the occupational health care action plan	Occupational health care provider specified by the Customer	Yes
	If the Customer's country of residence is other than Finland, the corresponding information as above, depending on the country of residence	Authority of the Customer's country of residence	As above
	If the Customer's country of residence is Lithuania, in addition to the above information: - Certificate of compulsory social security contributions paid, unpaid amounts or agreed payment plan for unpaid amounts	Authority of the Customer's country of residence	Yes
Reliable Partner (most comprehensive version, incl. also information in the TiVa module)	Beneficial owners	Dun & Bradstreet Finland Ltd (Patent and Registration Office)	Yes

The Customer shall have the right to revoke their authorisation in whole or in part in accordance with the Terms of Service.

The Supplier shall have the right to make changes to the Service and its data content in accordance with the Terms of Service. If the changes to the data content concern data that has been retrieved on the basis of the authorisation given by the Customer to the Supplier, the authorisation given by the Customer will be automatically updated to cover the changed data content. The Supplier shall always notify the Customer of such changes in accordance with the Terms of Service, and the Customer shall then have the right to terminate the Agreement in accordance with the Terms of Service.



Staple

Fold

Fold

Vastuu Services Oy
Tunnus 5017688
FI-00003 HELSINKI

REPLY PAID / RÉPONSE PAYÉE
FINLAND / FINLANDER

IBRS/CCRI
Code 5017688

PRIORITY / PRIORITAIRE
BY AIRMAIL / PAR AVION

NO STAMP
REQUIRED
NE PAS
AFFRANCHIR