

Canton of Basel-Stadt Application to refund the withholding tax on payments by pension funds domiciled in Switzerland

	To be filled in by the taxpayer		
	☐ Second pillar (pension fund)	Lump sum	
	☐ Pillar 3a (restricted pension plan)	Pension	
Personal details	Surname	First name	
	Date of birth	Nationality 1 ¹	
	Marital status	Nationality 2 ¹	
Home address abroad	Street, no.		
	Postcode / Town/city	Country ²	
Name and address of representative (optional)	Name		
	Address		
	Postcode/Town/city	Canton	
Name and address of pension fund	Name		
	Address		
	Postcode/Town/city	Canton	
Pension ³ gross	CHF	Withholding tax deduction CHF ³	
(périodic) Time range	from	to	
Lump sum gross (one-off)	CHF	Withholding tax deduction CHF	
	Date of the payment		
Name and address of the last employer in Switzerland	Company		
	Address		
	Postcode/Town/city	Canton	
The tax authority of the country of domicile confirms:	To be filled in by the foreign tax auth ☐ having taken note of the aforementioned payment and, that the recipient of the payment is a person resident as	norities s defined in the double taxation agreement with Switzerland	
and →	in case the recepient of the payment is resident in ⁴ : Australia, Bahrain, Bulgaria, China, Cyprus, France ⁵ , Israel, Italy, Kosovo, Pakistan, Peru or Uruguay		
	\square the aforementioned payment has effectively been to	axed (enclose proof of taxation).	
→	in case the recepient of the payment is resident in ⁴ : the United Kingdom (GB), Ireland, Japan, Malta or South Korea and , so long as the recipient of the payment is taxed only on the components of the income which was transferred or withdrawn there (taxation on remittance basis), that the following amount has effectively been transferred to or was withdrawn in this country:		
	CHF		

Place, date

Stamp and signature of the foreign tax authority



Supplementary information for the refund of withholding tax on payments by pension funds domiciled in Switzerland

To be filled in by the taxpayer

Personal details	Surname	First name	
	Email address		
Payment details for the refund of withholding tax ⁶	☐ Bank		
	Name of the bank		
	Subsidiary		
	Bank address		
	Account no. (IBAN)		
	BIC/SWIFT Account holder		
	Account no. (IBAN)		
	Account holder		
Place, date	Signature of the applicant		
→ This form comprises two	pages. Both pages must be completed in full a	and submitted.	
→ Both pages of the comple headquartered or perm	ted form must be submitted to the cantonal ta anently established.	x administration where the pension fund is	
→ In the case of lump sums	, a copy of the payment slip from the pens	ion fund is to be submitted with the application.	
→ In the case of pension be	enefits, a copy of the pension statement mu	ust be submitted with the application.	
	opy of their residence permit for cross-border commuters, ding tax for the period for which the withholding tax refu		
⁵ French residents must additionally ⁶ Check applicable payment.	submit the calculation method of the actual taxation togo	ether with the application.	
Enclosures: Copy of the residence permit for Proof of taxation	cross-border commuters in the case of domicile in Germa	any	
Copy of the payment slip in the	case of lump-sum payments		
Copy of the pension statement in the case of pension payments			