

N° de Liasse : \_\_\_\_\_

Reçue le : \_\_\_\_\_

*This form serves as a declaration to the French social security authorities and the French statistics institute, INSEE*

It should be completed and returned to: CNFE - 67945 STRASBOUG CEDEX 9 - Tél.: 00 33 (0)810 09 26 33

## BUSINESS PARTICULARS

**LEGAL PERSON** (commercial company, non-profit organisation, etc.)

OR

**NATURAL PERSON** (sole proprietorship)

**1** Legal Name \_\_\_\_\_  
 \_\_\_\_\_  
 Legal Form \_\_\_\_\_  
 Trade Name \_\_\_\_\_

**Last Name** \_\_\_\_\_  
 First Name \_\_\_\_\_ Nationality \_\_\_\_\_ Sex  M  F

Date of Birth \_\_\_\_\_ Country \_\_\_\_\_

Town/City \_\_\_\_\_

**3** Address : N° and Street \_\_\_\_\_  
 Town/City \_\_\_\_\_ Country/Province/State \_\_\_\_\_

Additional Address Details \_\_\_\_\_

Town/City \_\_\_\_\_ Country/Province/State \_\_\_\_\_

Postcode/Zip \_\_\_\_\_ Country \_\_\_\_\_

**4** Official Register Abroad : Location \_\_\_\_\_

Registration number \_\_\_\_\_

## BUSINESS ACTIVITIES

**5** Date Business Established [ d | d | m | m | y | y | y | y ]

Business Activities \_\_\_\_\_

Main Activity \_\_\_\_\_

Nature of business activity (tick one box only) :

- |                                                  |                                                                                             |
|--------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Assembly/Installation   | <input type="checkbox"/> Wholesale or Agent/Distributor Services                            |
| <input type="checkbox"/> Retail                  | <input type="checkbox"/> Repairs <input type="checkbox"/> Import/Export                     |
| <input type="checkbox"/> Services                | <input type="checkbox"/> Building / Construction <input type="checkbox"/> Business Services |
| <input type="checkbox"/> Other (specify) : _____ |                                                                                             |

## EMPLOYEES SUBJECT TO THE FRENCH SOCIAL SECURITY SYSTEM

*( Completing this form does not exempt you from filing a Déclaration Unique d'Embauche (DUE) for each employee hired. The DUE can be completed online at <http://www.net-entreprises.fr> )*

**6** Number of Employees [ ] [ ] [ ] [ ]

Date First Employee Hired [ d | d | m | m | y | y | y | y ]

## APPOINTMENT OF A REPRESENTATIVE IN FRANCE

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To be completed only if you have appointed a representative resident in France to file declarations and pay social security contributions for which you are liable in France as an employer. (In this case, please attach the agreement signed with your representative).

### IF YOUR REPRESENTATIVE IS A LEGAL PERSON

Legal Name \_\_\_\_\_  
\_\_\_\_\_  
Legal Form \_\_\_\_\_  
Trade Name \_\_\_\_\_  
SIREN Number \_\_\_\_\_

### IF YOUR REPRESENTATIVE IS A NATURAL PERSON

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Nationality \_\_\_\_\_ Sex  M  F  
Date of Birth \_\_\_\_\_ Country \_\_\_\_\_  
Town/City \_\_\_\_\_  
SIREN Number \_\_\_\_\_

Address : N° and Street \_\_\_\_\_  
Town/City \_\_\_\_\_

Additional Address Details \_\_\_\_\_  
Postcode/Zip \_\_\_\_\_

## TAX STATUS

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You are a business based outside France with no fixed establishment in France but carrying on taxable activities in that country (i.e. activities subject to TVA, French corporate tax, etc.) :

 **Yes** **No**

If **Yes**, please contact the French tax office for businesses based outside France : [DRESG - Service des impôts des entreprises](#)

10, rue du Centre - TSA 20011 - 93465 Noisy-le-Grand Cedex

Tel : 00 331 57 33 85 00 - Fax : 00 331 57 33 84 04 - E-mail : [sie.entreprises-etrangeres@dgfip.finances.gouv.fr](mailto:sie.entreprises-etrangeres@dgfip.finances.gouv.fr)

This office will provide you with information on filing tax returns in France and paying the taxes for which you are liable.

## MAILING ADDRESS

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Name (or Legal Name) \_\_\_\_\_  
Address : N° and Street \_\_\_\_\_  
Town/City \_\_\_\_\_ Region/County/Province/State \_\_\_\_\_  
Postcode/Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

## ADDITIONAL INFORMATION

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**Last Name, First Name (or Legal Name)** \_\_\_\_\_ **Title** \_\_\_\_\_

*Do solemnly and sincerely declare that the foregoing is true.*

*Declared at :* \_\_\_\_\_

*Signed:*

*Date* \_\_\_\_\_