



## TERMINATION OF BUSINESS

9 Date business terminated (i.e. business based outside France)

## END OF THE EMPLOYMENT OF EMPLOYEES SUBJECT TO THE FRENCH SOCIAL SECURITY SCHEME

10 Date employment terminated

## APPOINTMENT, CHANGE OR REMOVAL OF REPRESENTATIVE IN FRANCE

If you have appointed a representative/new representative to file declarations and pay social security contributions for which you are liable in France as an employer, please attach the agreement signed with the representative.  Appointment  Change of representative's particulars  Removal  Change of representative

### CURRENT SITUATION

### PREVIOUS SITUATION

11 With effect from :

**Last name** \_\_\_\_\_  
First name \_\_\_\_\_ Nationality \_\_\_\_\_ Sex  M  F  
Date of birth \_\_\_\_\_ Country \_\_\_\_\_  
Town/City \_\_\_\_\_  
**Leagl name** \_\_\_\_\_  
Legal form \_\_\_\_\_  
**Address** : N° and street \_\_\_\_\_  
Additional address details \_\_\_\_\_  
Town/City \_\_\_\_\_ Postcode/Zip \_\_\_\_\_

**Last name** \_\_\_\_\_  
First name \_\_\_\_\_ Nationality \_\_\_\_\_ Sex  M  F  
Date of birth \_\_\_\_\_ Country \_\_\_\_\_  
Town/City \_\_\_\_\_  
**Legal name** \_\_\_\_\_  
Legal form \_\_\_\_\_  
SIRET number \_\_\_\_\_  
**Address** : N° and street \_\_\_\_\_  
Additional address details \_\_\_\_\_  
Town/City \_\_\_\_\_ Postcode/Zip \_\_\_\_\_

## TAX STATUS

12 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.

## NEW MAILING ADDRESS

13 **Name (or Legal name)** \_\_\_\_\_ Postcode/Zip \_\_\_\_\_ Country \_\_\_\_\_  
**Address** : N° and street \_\_\_\_\_ Telephone number \_\_\_\_\_  
Additional address details \_\_\_\_\_ Fax number \_\_\_\_\_  
Town/City \_\_\_\_\_ Country/Province/State \_\_\_\_\_ E-mail

## ADDITIONAL INFORMATION

14 **Last name, first name (or legal name)** \_\_\_\_\_ **Title** \_\_\_\_\_  
*Do solemnly and sincerely declare that the foregoing is true.*  
*Declared at* \_\_\_\_\_ *Date* \_\_\_\_\_ *Signed* \_\_\_\_\_