

DECLARATION OF A CHANGE OR TERMINATION IN RESPECT OF A BUSINESS WITH EMPLOYEES BUT NO FIXED ESTABLISHMENT IN FRANCE

| FOR INTERNAL | USE ONLY |
|------------------------------|----------|
| 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

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|--|------------------------------------|---|-----------------------------|-------------------|--|--|--|
| Change: Legal name | ☐ Trade name ☐ Address | Opening of an establishment in Fran | nce Representative | ☐ Mailing address | | | |
| ☐ Additional business activity | Termination : of Business | of Employment of Employees Subject to the Fre | ench Social Security System | | | | |
| BUSINESS PARTICULARS BEFORE CHANGE OR TERMINATION | | | | | | | |
| SIRET number: | | | | | | | |
| LEGAL PERSON (commercial company, non-profit organisation, etc.) OR NATURAL PERSON (sole proprietorship) | | | | | | | |
| Legal name | | Last name | | | | | |
| | | First name | | | | | |
| Address: N° and Street | | Additional address | dataila | | | | |
| Town/City | Country/Province/State | Additional address PostCode / Zip | | Country | | | |
| | | NEW BUSINESS PARTICULARS | | | | | |
| | With effo | ect from : [d d m m y y y y] | | | | | |
| LEGAL PERSON (comme | ercial company, non-profit organis | ation, etc.) OR | NATURAL PERSON (sole | e proprietorship) | | | |
| Legal name | | | | | | | |
| | | First name Date of birth | | Sex □ M □ F | | | |
| Trade name | | Town/City | • | | | | |
| Address: N° and Street | | | Additional address details | | | | |
| Town/City | Country/Province/State | PostCode / Zip | (| Country | | | |
| Official register abroad: Location Registration number | | | | | | | |
| | | NEW BUSINESS ACTIVITY/ACTIVITIES | | | | | |
| Date of change of activity/activities :d d m m y y y y | | | | | | | |
| Business activities | | | | _ | | | |
| Main activity | | | | | | | |
| Nature of business activity (tick one box | | | Retail Repairs | ☐ Import/Export | | | |
| ☐ Services ☐ Building construction ☐ Business services ☐ Other (specify) : | | | | | | | |
| Date of effect : d d m m y y y y * Please, refer to the instructions. | | | | | | | |
| | | | | | | | |

| | TERMINATION OF BUSINESS | | | | | | |
|----|--|--------------------|--|--|--|--|--|
| 9 | 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 dddmmyyyyyy | | | | | | |
| | 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 | | | | | |
| | With effect from: [d d m m y y y y] | | | | | | |
| 11 | Date of birth Country | Nationality Sex MF | | | | | |
| | Additional address details Additional address details | | | | | | |
| | The state of the s | Postcode/Zip | | | | | |
| 12 | TAX STATUS 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.): \[\begin{array}{c} \be | | | | | | |
| | 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 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) Address: N° and street Additional address details Town (City) Country (Province (State) | Country | | | | | |
| | 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 Signet | od . | | | | | |