



DECLARATION OF REGISTRATION 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 : Centre National Firmes Etrangères - CNFE - 67945 STRASBOURG CEDEX 9 - Tél. : 0810 09 26 33 (from France) -
- 00 33 810 09 26 33 (from abroad)

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 _____

2

3

Address : N° and Street _____
Town/City _____ **Country/Province/State** _____

Additional Address Details _____
Postcode/Zip _____ **Country** _____

4

Official Register Abroad : **Location** _____

Registration number _____

BUSINESS ACTIVITIES

5

Date Business Established | |

Business Activities _____

Main Activity _____

Nature of business activity (tick one box only) :

- Assembly/Installation Wholesale or Agent/Distributor Services
 Retail Repairs Import/Export
 Services Building / Construction Business Services
 Other (specify) : _____

EMPLOYEES SUBJECT TO THE FRENCH SOCIAL SECURITY SYSTEM

6

(Completing this form does not exempt you from filing a Declaration prior to hiring (DPAE) for each employee hired. The DPAE can be completed online at <http://www.net-entreprises.fr>)

Number of Employees

Date First Employee Hired | |

APPOINTMENT OF A REPRESENTATIVE IN FRANCE

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

You are a business based outside France with no fixed establishment in France but carrying on taxable activities in this country (i.e. activities subject to VTA, 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 étrangères](#)
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 : siee.dresg@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

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

Telephone _____
Fax _____
E-mail _____

ADDITIONAL INFORMATION

Last Name, First Name (or Legal Name) _____ Title _____

Do solemnly and sincerely declare that the foregoing is true.

Declared at : _____

Signed:

Date _____