

**1. Company details**

Company number : .....  
 Corporate name : .....  
 Tel. no. : ..... Mobile phone no. : .....  
 Email address : .....

**2. Correspondence address (to be completed if the address is different from the domicile/registered office)**

Street : ..... no. : ..... PO Box : .....  
 Postal code : ..... City/Town : .....

Contact person :

Surname : ..... First name : .....  
 Tel. no. : ..... Mobile phone no. : .....  
 Email address : .....

**3. Change of address of the establishment unit (place of business)**

Establishment unit number (in the Crossroads Bank for Enterprises) : .....

Current address

Street : ..... no. : ..... PO Box : .....  
 Postal code : ..... City/Town : .....

New address

Street : ..... no. : ..... PO Box : .....  
 Postal code : ..... City/Town : .....  
 As of : ..... / ..... / .....

**4. Addition of a new establishment unit (place of business)**

Details of the establishment unit :

Start date : ..... / ..... / .....  
 Name/Trade name : .....  
 Street : ..... no. : ..... PO Box : .....  
 Postal code : ..... City/Town : .....

**Activities carried out**

(If the NACE codes have not been determined at the time of this declaration, the undersigned declares that he or she agrees to the NACE codes determined by the Enterprise Counter on the basis of the activity description in this document).

NACE Code	Main activities carried out by the company

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Details of other establishment units to be added :

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.....

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**5. Closing down of an establishment unit (place of business)**

Establishment unit number (in the Crossroads Bank for Enterprises) : .....

Closing date : ..... / ..... / .....

Street : ..... no. : ..... PO Box : .....

Postal code : ..... City/Town : .....

**6. Transfer of an establishment unit**

The transfer of the establishment unit to an assignee company will also cause the latter being required to make a payment.

As of : ..... / ..... / .....

Establishment unit number (in the Crossroads Bank for Enterprises) : .....

To be transferred to (contact details of the assignee) : .....

Company no. or VAT no. of the assignee : .....

**7. Contact details of the mandate holder**

Partena Professional intermediary number : .....

Trading name/Corporate name : .....

Surname : ..... First name : .....

Company number (if applicable) : .....

Street : ..... no. : ..... PO Box : .....

Postal code : ..... City/Town : .....

Mobile phone no. : .....

Email address : .....

declares that he or she is in possession of a mandate from the customer. Please attach the power of attorney to the account.

**Tick the box**

- Financial documents must be drawn up in the name of the customer and sent to the customer
- Financial documents must be drawn up in the name of the customer and sent to the accountant
- Financial documents must be drawn up in the name of the accountant

**I acknowledge that I am aware of the following information :**

- Privacy :
  - The personal data communicated in this form will be processed by the Enterprise Counter of Partena Professional.
  - I explicitly authorise that my contact details may be processed for the purposes of promoting the services of Partena Professional's companies as well as other partners. I have the right to withdraw this consent at any time by sending a request (with proof of my identity) by post to Partena Professional - DPO Office, Rue des Chartreux 45, 1000 Brussels or by email to the email address [privacy@partena.be](mailto:privacy@partena.be).
  - The above-mentioned processing is carried out in accordance with the provisions of Regulation (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation - GDPR)
  - By virtue of this regulation, I have a series of rights with regard to my data: to receive information concerning the processing of my personal data, to consult them, to have them corrected or in some cases to have them deleted or to have their processing restricted.
  - I can find detailed information on these rights and how to exercise them on Partena Professional's website under the heading 'Privacy'.
- Any incorrect or erroneous statement is punishable by law.

Done at : ..... on : .....

Surname : ..... First name : .....

Capacity : .....

Signature,