

**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. Cessation date**

Date of definitive cessation of the company : ..... / ..... / .....

**4. Reason for definitive cessation of the company**

Prior warning: The deregistration transaction will record the end of the company's business activities.  
If your company operates several business premises, they will all be closed compulsorily.

- Cessation of the business
- Death
- Bankruptcy
- Modification of members (for organisations without legal personality)
- Transfer of the company to the following assignee :

Name : .....

Address : .....

Company no. of the assignee : .....

- Other : .....

**Additional information:** Travelling salesperson card or fairground card: If you hold a travelling salesperson card/fairground card, please return the travelling salesperson card and/or fairground card to us. You may send them to the Enterprise Counter of Partena Professional.

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

Partena Professional intermediary number : .....  
Trading name/Corporate name : .....  
Company number (if applicable) : .....  
Surname : ..... First name : .....  
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, Street 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,

Please select the administrative formalities that the Enterprise Counter of Partena Professional can carry out for you. Please note: certain formalities require specific documents to be completed. These will be presented to you at the time of your visit or sent to you by us. (It is necessary to complete page 4 "Power of Attorney granted to the Enterprise Counter of Partena Professional" if you select formalities from those listed below.)

**Request to cease registration for VAT**

- To be deregistered with effect from : ..... / ..... / .....
- Do you still own property of your company? .....
  - No, all property was sold before the cessation of the VAT activity
  - Yes, I have retained certain assets, worth € .....
- Are there still receivables? .....
  - No  Yes, for an amount of €.....
- Is the cessation of the activity being accompanied by the sale of the business?
  - No  Yes : name of assignee : .....
  - Address : .....
  - Tel. no. : .....
  - Company number : .....
- Scope of the assignment :
  - Total  Partial
- Does the assignment include the transfer of a balance (credit or debit) from the assigner's VAT current account?
  - Yes  No

**Request for cessation made with the Federal Agency for the Safety of the Food Chain (FASFC)**

- To be deregistered with effect from : ..... / ..... / .....

**Deposits of deeds**

**Request made to SABAM**

**Request made to Rémunération équitable/Billijke Vergoeding [Fair Compensation]**

**Other(s)** (please specify) : .....

I, the undersigned, .....  
residing at .....  
.....  
.....  
acting

- in a personal capacity
- on behalf of .....  
with its registered office at .....  
.....  
.....

hereby grant a power of attorney to Partena Professional Enterprise Counter, Street des Chartreux 45, 1000 Brussels to carry out all transactions for

- deregistration of VAT,
- deregistration at the FASFC,
- request made to SABAM,
- request made to Rémunération équitable/Bilijke Vergoeding [Fair Compensation],
- request for registration of deeds with the registry of the commercial courts,
- other(s) (please specify) : .....

This is based solely on the information provided by the undersigned.

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

Signature,

**You have ceased all self-employed professional activity.**

To enable the National Social Insurance Institute for self-employed workers (I. N. A.S. T. I.) to establish the date of suspension of your affiliation, we kindly request you to fill in and sign the appended declaration, enclose an official supporting document and return it to us :

- If you had a company number (formerly registry of commerce or registry of handicrafts), there are two possibilities :
  1. you have already removed your company number: a confirmation of the removal in the Crossroads Bank for Enterprises issued by an Enterprise Counter;
  2. you have not yet removed your company number: the enclosed "request for removal" document must be returned to us duly filled in and signed.
- If you were subject to VAT only :  
a certificate issued by the VAT controller of your place of residence.
- If your activity did not require a company number, and was not subject to VAT:  
this document must be returned to us, with legalisation of your signature by the Municipal Administration.
- If you were an assistant :  
a certificate issued by the person who employed you as an assistant.
- If you were an assistant spouse :  
a certificate issued by the person who employed you as an assistant spouse.
- If you were a proxy holder of (a) company(ies) :  
a copy of the Annexes to the Belgian Official Gazette or the minutes of the General Meeting publishing your resignation.
- If you were an active partner in a company :  
an extract from the share register mentioning the transfer of your shares.

.....  
.....  
We stress that these documents must be sent to us as soon as possible. Otherwise, we will be obliged to continue to collect your social security contributions. See appendix.

Nationaal nummer : .....

**A. Declaration of cessation of activity**

I, the undersigned , .....

born in ..... on .....

Tel. no. : ..... Mobile phone no. : .....

residing at : .....

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

certify that I no longer carry out any activity as a self-employed person or as an assistant, even in a complementary capacity, since.....

I undertake to immediately report the resumption of any self-employed activity.

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

Signature

## B. Questionnaire to be completed

1. Do you currently engage in another profession?  Yes  No  
If yes, which? .....
2. Do you carry out a self-employed activity in a different Member State of the EU?  Yes  No  
If yes, in which one? .....
3. Did your self-employed activity end as a result of illness or disability?  Yes  No  
Does your incapacity for work exceed 66%?  Yes  No  
Do you wish to be informed of the benefits and terms and conditions of this insurance?  Yes  No
4. Did your self-employment end due to bankruptcy?  Yes  No  
If yes, give contact details of the receiver : .....
- A self-employed worker who has been in that capacity for at least one year and who ceases trading due to bankruptcy or termination of a voluntary agreement with creditors may safeguard, for a maximum of four quarters, his or her rights to family allowances and health insurance without payment of contributions.  
Do you wish to be informed of the benefits and terms and conditions of this insurance?  Yes  No
5. A self-employed worker who has been in that capacity for at least one year and who ceases trading without being able to benefit from any assimilation may, for a maximum of two years, safeguard his or her pension and health insurance entitlements in the context of "continued insurance".  
Do you wish to be informed of the benefits and terms and conditions of this insurance?  Yes  No
6. A self-employed worker who has ceased all professional activities during the period between his or her 60th and 65th birthday may, whatever the reason for cessation, safeguard his or her pension and health insurance rights in the context of "continuing insurance".  
If you have reached the required age of 60 to 65 years, do you wish to be informed of the benefits and terms and conditions of this insurance?  Yes  No

### **Very important !**

**With regard to points 5 and 6, the request must be made before the expiry of the 2nd calendar quarter following the end of your activity..**

Signature,