

1. Contact details of the association of co-owners

Company number :

Corporate name :

If the position of syndic/managing agent has to be registered with several associations of co-owners, attach a list with the names and company numbers of the associations of co-owners, the start and end dates of the position and a copy of the deeds of appointment.

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. Contact details of the syndic/managing agent that is terminating his, her or its position

End date of the position : / /

Natural person :

National register number or bis register number :

Surname : First name :

Legal entity - company :

Company number :

Corporate name :

Representative of the legal entity

National register number or bis register number:

Surname : First name :

4. Contact details of the syndic/managing agent who takes over the position

Start date of the position : / /

Natural person :

Surname : First name :

National register number or bis register number :

If you do not yet have a national number or bis number: (copy of your identity card to be enclosed)

Date of birth : / / Place of birth :

Nationality :

Contact details abroad :

Street : no. : PO Box :

Postal code : City/Town : Country :

Legal entity - company :

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

Representative of the legal entity (if appointed)

Surname: First name:
National register number or bis register number :
Tel. no. : Mobile phone no. :
Email address :

If you do not yet have a national number or bis number: (copy of your identity card to be enclosed)

Date of birth :/...../..... Place of birth :
Nationality :

Contact details abroad :

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

4. 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

- The financial documents must be drawn up in the name of the association of co-owners and sent to the association of co-owners
- The financial documents must be drawn up in the name of the association of co-owners and sent to the syndic/managing agent
- The financial documents must be drawn up in the name of the syndic/managing agent and sent to the syndic/managing agent

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.
 - 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,