

**Modification in the Crossroads Bank for Enterprises
of a company subject to registration having to
prove entrepreneurial capacities**

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 :

Modification(s) to be carried out (fill in the box corresponding to your request)

3. Modification of the start date of the activity

New start date : / /

4. Modification of the end date of the activity

New end date : / /

5. Change of address of the establishment unit (place of business)

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

New address as of : / /

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

6. Change of address of the registered office

New address as of : / /

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

7. Change of name (trade name)

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

New name as of : / /

New name :

8. Change of bank account number

As of : / /

New account number :

New IBAN :

New BIC :

9. Change in business activities carried on within the establishment (business premises)

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

Nature of the change:

(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	Activity name	M/S*	A/M/D**	On (date)

*H = Main: main activity carried out by the company,
 S = Side: side activity carried out by the company.
 ** A = Addition - M = Modification - D = Deletion of activity.

10. Opening of establishment unit

As of* : / /

Name/Trade name :

Street : no. : PO Box :

Postal code : City/Town :

Tel. no. : Mobile phone no. :

Email address :

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	Activity name	M/S**

*Important note: if the company opens several establishment units, please reproduce all the same information concerning the other EU(s) on a sheet that you annex to this request.

** M = Main: main activity carried out by the company.
 S = Side: side activity carried out by the company.

11. Closing of an establishment unit

As of : / /

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

12. 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 :

13. Other modifications

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14. Correction of anomaly

If your company's data have not been correctly included in the Crossroads Bank, you have the possibility of having the corrections made either by the Enterprise Counter of PARTENA (see additional service), or via the Crossroads Bank for Enterprises (anomalies service).

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15. Contact details of the person withdrawing his or her skills

As of : / /

National number or bis number :

Removes his or her skills for (tick the box)

- Management
- The following professional skill(s) (please specify):

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.....

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16. Contact details of the person adding his or her skills

As of : / /

Surname: First name:

National number or bis 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 :

Tel. no. : Mobile phone no. :

Email address :

Connection with the requester/position in the company (manager, director, member, etc.) :

Adds his or her skills for (tick the box) :

- Management
- The following professional skill(s) (please specify):

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Comment

If several persons are justifying their management knowledge and/or professional skills, please provide all their contact details on a sheet that you will attach to this request.

Do not forget to complete the "Declaration of delegation and/or activity(ies)" box below.

Declaration of delegation

(If the professional skills are proven by a representative, please complete the declaration of delegation below)

Between the undersigned,
The requester / company manager

Surname : First name :
and

The representative

Surname : First name :

the following has been agreed :

The first party named assigns to the second party named :

- Day-to-day management
- Technical management of the following sector of activity :

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The second named acting in the capacity of :

- assistant: spouse, cohabiting partner, other (family link if any) (please specify)
- employee
- active partner, director, manager, member
- other (please specify) :

Signature of applicant/head of company

Signature of the representative

Attention

I declare that I have been informed of the principles for access to the profession and to the regulated activities and that I am aware of the following provisions:

- Any natural person practising a self-employed activity in Belgium by virtue of which he or she must be registered with a social insurance fund for self-employed workers must register, at the latest, by the date of commencement of the self-employed activity ;
- A self-employed worker carrying out a self-employed activity for which he or she is not registered with the Crossroads Bank for Enterprises (CBE) may be penalised :
 - In the case of non-compliance with these obligations, an administrative fine of €500 to €2,000 may be applied, per contravention found to have taken place ;
 - Legal entities are jointly required to pay the administrative fine imposed on their partners or representatives.

17. 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, Street 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,

Please select the administrative formalities that the Enterprise Counter of Partena 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 the form "Power of Attorney granted to the Enterprise Counter", if you select formalities from those listed below.

- Modification to VAT
- Filing of deeds for modification(s)
- FASFC foodstuffs authorisation application
 - the sale of your foodstuffs products concerns (delete as appropriate):
 - Fresh products
 - Packaged products with a 3 month expiry date (please specify the type of foodstuffs):
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 -
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- Butcher/pork butcher licence
- Authorisation to carry out travelling sales activities
- Authorisation to carry out fairground activities
- A request made to SABAM
- A request made to Rémunération équitable/Billijke Vergoeding [Fair Compensation]
- Other(s): (please specify)
- Do you already employ staff or do you intend to recruit staff??
 - Immediate recruitment of an employee requiring a registration with the Partena Professional Payroll Office
 - Recruitment of an employee in the future: information needed concerning conditions to be fulfilled as an employer

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

- modification to VAT,
- a request for authorisation from the FASFC for the sale of foodstuffs,
- the request for a butcher/pork butcher licence,
- a request for authorisation to carry out travelling sales activities,
- a request for authorisation to carry out fairground activities,
- request made to SABAM,
- request made to Rémunération équitable/Bilijike Vergoeding [Fair Compensation],
- other(s) (please specify) :
- affiliation as an employer to the Partena Professional Payroll Office

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

Done at : on :

Surname : First name :

Capacity :

Signature,