

**Warning: this is a translation and not an official document.**  
 The documents will only be considered official when signed and returned to Partena Compass in one of the 3 national languages (Dutch, French or German).

INTERMEDIARY N° .....  
 NAME OF INTERMEDIARY .....  
 SOURCE .....  
 N°. BENEFICIARY OFFICE .....

# Affiliation to social insurance for the self-employed

## 1. THE MEMBER (COMPLETE IN CAPITAL LETTERS)

Identification number of the National Register (INSS): ..... Date of birth : .... / .... / ..... GENDER :  F  M  
 Name : ..... First name : ..... Nationality : .....  
 Language :  DUT  FRE  GER  ENG

### Main residence

Street : ..... N°: ..... Box : .....  
 Postcode : ..... Town : ..... Country : .....

### Correspondence address (only complete if this address is different from your main residence)

Name : ..... First name : .....  
 Street : ..... N° : ..... Box : .....  
 Postcode : ..... Town : ..... Country : .....

### Details

Mobile phone/Tel. : ..... E-mail : ..... Fax : .....  
 IBAN : ..... BIC : ..... Account holder : .....

## 2. SELF-EMPLOYED BUSINESS ACTIVITY IN BELGIUM

### A. BUSINESS ACTIVITY

Briefly describe your business activity : .....  
 Date of commencement or resumption : .... / .... / ..... Date of cessation : .... / .... / .....  
 Business number : ..... Is your business activity liable to VAT?  YES  NO

### B. ARE YOU the authorised representative manager or active partner in your company? (if so, please enclose a copy of your appointment)

Name of the company and form of legal entity : .....  
 Business number of the company : .....  
 Do you wish to affiliate your company to Partena Compass (company contribution)?  YES  NO  
 Do you want the social secretariat Partena Pay 'n People to calculate the income tax deducted at source?  YES  NO

### C. ARE YOU A PERSON ASSISTING A SELF-EMPLOYED PERSON IN RUNNING A BUSINESS? YES NO

Briefly describe your activity as an assistant : .....  
 Details about the self-employed person you are assisting :  
 Name : ..... First name : ..... Relationship : .....  
 Street : ..... N° : ..... Box : .....  
 Postcode : ..... Town : ..... Country : .....  
 INSS number of the person you are assisting : ..... Business number of the person you are assisting : .....  
 Affiliated to the following social insurance fund : .....

## 3. OTHER ACTIVITIES OR BENEFITS RECEIVED

### Besides your self-employed business activity, do you carry on any other activity in Belgium? YES NO

if so  as an employee (proportion of this activity in terms of a full-time equivalent : .... / .... )  
 as a public official (proportion of this activity in terms of a full-time equivalent) : .... / .... )

### Do you have a professional activity abroad? YES NO

If so, in which country is that activity carried on : .....  
 Is it an activity as a  salaried employee  self-employed person  other employment status  
 Please append a certificate with the name and full address of the social security institution to which you belong, and your registration number.

### Do you receive a replacement income? YES NO

if so  Survivor's pension since .... / .... / .....  Retirement pension since .... / .... / .....  
 Bridging pension since .... / .... / .....  Career break or time credit since .... / .... / .....  
 Unemployment benefit since .... / .... / .....  Sickness or invalidity benefit since .... / .... / .....  
 Other : ..... since .... / .... / .....

If you answered yes, please append a certificate showing your status (notice of granting of pension, form C62, authorisation from RVA (National Employment Office, etc.) and state which institution pays your benefits : .....

#### 4. EXERCISE OF SALARIED EMPLOYMENT BEFORE SELF-EMPLOYMENT

Before you started working as a self-employed person, did you work as a salaried employee?  YES  NO

If so, name of your last employer : .....

Street : .....N° : ..... Box : .....

Postcode : ..... Town : ..... Country : .....

Activity carried on : ..... Date of end of employment contract : ... / ... / .....

Did you receive a severance payment or were you given a notice period?  YES  NO

If so, for the period from .... / .... / ..... to .... / .... / ..... (Please supply supporting documentation)

Do you intend to do work for your previous employer?  YES  NO

Were you unemployed before the start your self-employed activity?  YES  NO

#### 5. CHILD BENEFIT

Do you have children living with you who grant entitlement to child benefit?  YES  NO

Are you requesting the right to receive child benefit in the system for self-employed persons?  YES  NO

If so, please give the name and address of the institution currently paying the benefit : .....

Your file number : .....

#### 6. THE MEMBER'S SPOUSE OR OFFICIALLY COHABITING PARTNER

If you are married or living together, then please complete the following details about your partner. The latter must complete and sign the declaration, pursuant to Article 7bis of Royal Decree No. 38 of 27 July 1967 (see documents "Statement by the spouse or officially cohabiting partner").

Name : ..... First name : ..... Nationality : .....

INSS (national number) : .....

#### 7. STATEMENT BY THE MEMBER

**I declare that I wish to affiliate to Partena Compass, social insurance for the self-employed, pursuant to Royal Decree No. 38 of 27 July 1967 and the Royal Decree of 19 December 1967 and confirm that I have received the following information.**

- about the provisional social security contributions and their regularisation, pursuant to Article 41bis of the Royal Decree of 19 December 1967 ;
- about the existence of administration charges, the calculation of these administration charges and services to which this affiliation grants entitlement pursuant to Article 20 §4 of Royal Decree no. 38 of 27 July 1967

**I wish my provisional social security contributions on commencement of activity to be calculated on:**

- the statutory minimum  an estimated annual income of ..... EUR

**I grant permission for my accountant, tax adviser or their trustee to have access via Internet to the information in my file(s) with Partena Compass, social insurance for the self-employed.**

Personal dossier – National number (INSS) : .....

Company dossier – Company number

Company name : .....

The details of my accountant, tax adviser or their trustee are as follows. Permission granted to Name

Name : ..... First name : .....

Trustee : ..... Postcode, town : .....

Mobile phone/Tel. : .....

I undertake to notify any subsequent change in my relationship with this person or trustee via the contact page of the website.

I wish to join the Sickness Insurance Fund of Partena?  YES  NO  I am already affiliated

I would like to receive information about products and services complementary to social insurance developed by Partena Compass and its partner VIAXIS?  YES  NO

I wish to subscribe to the Voluntary Supplementary Pension at the same time  YES  NO

I wish to join the movement for the self-employed IZEO  YES  NO

**I acknowledge having cognizance of the following information:**

- The personal data that you provide to us is intended to be treated by Partena Compass, social insurance for the self-employed pursuant to the Act of 8 December 1992 on the Protection of Privacy. Except for the personal medical and employment data, this data will be used to promote the services of Partena Professional companies and other partners. If you do not wish your data to be used for the above-mentioned purposes, then you can notify us of this by letter (see address on page 1) or by e-mail via the contact page of our website.
- I am entitled to inspect and correct my personal details.
- Any false or incorrect statement is punishable by law.

I declare that the data on this form is true and complete, and I undertake to inform Partena Compass, social insurance for the self-employed within a fortnight of any change of the details shown on this form (statutory requirement).

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

Signature

Number of enclosures: ...