

## ENTERPRISE COUNTER

ACCOUNT NUMBER: .....  
 PAYROLL CONSULTANT NUMBER: .....

**Have you completed your form?  
 Then return it to [UE-VE@partena.be](mailto:UE-VE@partena.be)**

### 1. GENERAL INFORMATION

ENTERPRISE TYPE: .....  
 NATURE OF THE ACTIVITY: .....

### 2. CUSTOMER DETAILS

COMPANY NUMBER : .....

**NATURAL PERSON OR, FOR LEGAL PERSONS (COMPANIES), THE BODY DETAILS:**

LAST NAME: ..... FIRST NAME: .....  
 NATIONAL REGISTRY NUMBER: .....  
 STREET: ..... NO: ..... PO BOX: .....  
 POSTAL CODE: ..... CITY/TOWN: .....  
 TEL NO: ..... MOBILE PHONE NO: ..... FAX NO: .....  
 EMAIL ADDRESS: .....

**LEGAL PERSON - COMPANY:**

CORPORATE NAME: .....  
 LEGAL FORM: .....  
 STREET: ..... NO: ..... PO BOX: .....  
 POSTAL CODE: ..... CITY/TOWN: .....  
 TEL NO: ..... MOBILE PHONE NO: ..... FAX NO: .....  
 EMAIL ADDRESS: .....

### 3. CHANGE OF ADDRESS OF THE ESTABLISHMENT UNIT (place of business)

ESTABLISHMENT UNIT NUMBER (in the Crossroads Bank for Enterprises): .....

**PREVIOUS ADDRESS :**

STREET: ..... NO: ..... PO BOX: .....  
 POSTAL CODE: ..... CITY/TOWN: .....

**NEW ADDRESS:**

STREET: ..... NO: ..... PO BOX: .....  
 POSTAL CODE: ..... CITY/TOWN: .....  
 Valid as from: ..... / ..... / .....

### 4. ADDITION OF A NEW ESTABLISHMENT UNIT (place of business)

**ESTABLISHMENT UNIT DATA**

START DATE: ..... / ..... / .....  
 NAME/SIGN BOARD: .....  
 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 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

NACE CODE	Side activities carried out by the company

**Details of other establishment units to be added:**

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**5. CLOSING DOWN 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. APPOINTEE DETAILS**

LAST NAME, FIRST NAME **OR** CORPORATE NAME:.....

COMPANY NUMBER (if any):.....

STREET: ..... NO:..... PO BOX:.....

POSTAL CODE: ..... CITY/TOWN:..... COUNTRY:.....

TEL NO: ..... MOBILE PHONE NO:..... FAX NO: .....

EMAIL ADDRESS: .....

PARTENA INTERMEDIARY NUMBER: .....

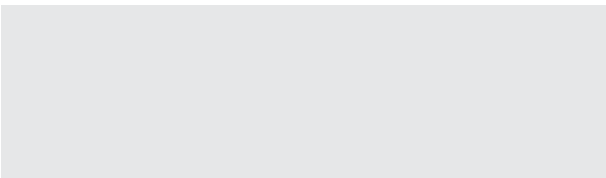
declares that he has been given a mandate by the customer. Please send the proxy to us.

**7. USE OF THE EXISTING DETAILS**

- I hereby agree that my details are used and shared with other Partena services.
- I hereby do not agree that my details are used and shared with other Partena services.

DRAWN UP IN: ..... ON: ..... / ..... / .....

SIGNATURE APPLICANT / HEAD OF THE COMPANY:



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**Note concerning the protection of privacy:** The personal details that you provide are intended for the PARTENA Enterprise Counter in view of its statutory tasks as laid down in the Act of 2003.01.16 establishing the Enterprise Counters. With the exception of medical and social personal details, these details shall be used to promote the services of PARTENA and its partners. Pursuant to the Act of 11 December 1998 (Royal Decrees 2001.02.13) you have the right to access and correct your personal details. If you do not want your personal details to be used for the aforementioned purposes, please inform us hereof by sending an email to: [back.office.eol@start.partena.be](mailto:back.office.eol@start.partena.be) or by writing to the department "Coordination Technique" of the PARTENA Enterprise Counter, Avenue Anspach 1, 1000 Brussels.