

## DEREGISTRATION (IN THE CENTRAL BUSINESS DATABASE)

**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.

### 1. INFORMATION PROVIDED IN ADVANCE

THE APPLICATION IS TO BE COMPLETED BY (TICK THE BOX) :

- THE SELF-EMPLOYED PERSON
- THE COMPANY OFFICER
- AN AUTHORISED REPRESENTATIVE WITH POWER OF ATTORNEY, AN ACCOUNTANT OR INTERMEDIARY <sup>(1)</sup>
- A PARTENA PROFESSIONAL FRONT OFFICE : .....

(1) : PLEASE COMPLETE THE SECTION RESERVED FOR THE AUTHORISED REPRESENTATIVE AND ACCOUNTANTS OR INTERMEDIARIES ON PAGE 5.

### 2. DETAILS OF THE APPLICANT

BUSINESS NUMBER : .....

TEL : ..... MOBILE : ..... FAX : .....

E-MAIL : .....

### 3. CORRESPONDENCE ADDRESS (complete box if different from registered office)

STREET : ..... N° : ..... BOX : .....

POSTCODE : ..... TOWN : .....

**CONTACT :**

SURNAME : ..... FIRST NAME : .....

TEL : ..... MOBILE : ..... FAX : .....

E-MAIL : .....

### 4. DATE OF DEFINITIVE CESSATION

DATE OF DEFINITIVE CESSATION OF THE BUSINESS : ..... / ..... / .....

### 5. REASON FOR DEFINITIVE CESSATION OF THE BUSINESS

**NATURAL PERSON (self-employed person) :**

- CESSATION OF BUSINESS;
- DEATH;
- BANKRUPTCY;

**LEGAL PERSON (Company) :**

- CLOSURE THROUGH LIQUIDATION;
- CLOSURE THROUGH WINDING-UP;
- CLOSURE THROUGH BANKRUPTCY;

SALE OF THE BUSINESS TO THE FOLLOWING ACQUIRER :

NAME : .....

ADDRESS : .....

BUSINESS NUMBER OF ACQUIRER : .....

OTHER : .....

**ADDITIONAL INFORMATION : A card as an itinerant trader or a fairground trader :** If you hold a card as an itinerant trader of a fairground trader, please return these card. You may send them to the PARTENA Business Window.

**Note :** Please sign the deregistration application below. If you want the partena business window to carry out other administrative formalities, please complete the data and sign the power of attorney on page 4.

DONE AT : ..... ON : ..... / ..... / .....

CERTIFIED TRUE AND ACCURATE,

SIGNATURE,

## SECTION RESERVED FOR PROXIES AND ACCOUNTANTS OR INTERMEDIARIES WITH POWER OF ATTORNEY

If the details are not completed by the self-employed person but by a proxy, an accountant or an intermediary, complete the details below.

SURNAME : ..... FIRST NAME : .....

NATIONAL NUMBER : .....

To be completed if you do not yet have a number in the Belgian national register or another identification number :

DATE OF BIRTH : ..... / ..... / ..... PLACE OF BIRTH : .....

NATIONALITY : .....

Contact details abroad :

Domicile :

STREET : ..... N° : ..... BOX : .....

POSTCODE : ..... TOWN : ..... COUNTRY : .....

TEL : ..... MOBILE : ..... FAX : .....

E-MAIL : .....

## ENCLOSE POWER OF ATTORNEY

## RESERVED FOR ACCOUNTANTS AND INTERMEDIARIES

NATIONAL NUMBER OR BUSINESS NUMBER : .....

NAME / CORPORATE NAME : .....

PARTENA PROFESSIONAL INTERMEDIARY NUMBER : .....

(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.

Do you want to obtain an intermediary or e-account number?  YES  NO

**Note concerning privacy:** Data of a personal nature that you provide to us are intended to be processed by the PARTENA Business Window in the context of its legal assignment as laid down by the law of 16/01/2003 on the establishment of Business Windows. With the exception of medical and employment information of a personal nature, this data will be processed for the purpose of promoting services from PARTENA and other partners. Pursuant to the law of 11 December 1998 (Royal Decree 13/02/2001), you have the right to access and correct your personal details. If you do not want your details to be used for the purposes described above, please let us know, either by sending an e-mail to: [gea.bmt@partena.be](mailto:gea.bmt@partena.be), or a letter to the "Technical Coordination" department of the PARTENA Business Window, Rue des Chartreux, 45, 1000 Brussels.

## OTHER ADMINISTRATIVE FORMALITIES

Please select the administrative formalities that the PARTENA Business Window can carry out for you.

Note: Certain formalities require that you complete specific documents. These will be handed to you during your visit, or we will send them to you. (It is necessary to complete the "Power of attorney", if you select the formalities below.)

- Request to cease registration for VAT
- To be deregistered with effect from : ...../...../.....
  - Do you still hold the assets of your company?
  - NO, all assets were sold before the cessation of the VAT-registered business activity.
  - YES, I have retained certain assets, worth ..... EUR
  - Are there still debts?
  - NO  YES, for an amount of ..... EUR
  - Has the cessation of the business activity been accompanied by the sale of the business?
  - NO  YES: Name of acquirer : .....
  - Address : .....
  - Telephone number : .....
  - Company number : .....
  - Scope of the sale :
  - TOTAL  PARTIAL
  - Does the sale include the transfer of the balance of the VAT from the seller?
  - NO  YES
- The FASFC (Sale of foodstuffs)
- Are there other "Partena" companies that you want to notify the cessation of your activities ?
- PARTENA health insurance fund
  - PARTENA family allowances
  - PARTENA Social Secretariat
- Other(s) : (please specify which) .....

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

acting

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

hereby grant power of attorney to the PARTENA Business Window, Rue des Chartreux, 45, 1000 Brussels

to carry out all transactions for

- VAT cessation,
- the FASFC (sale of foodstuffs),
- other(s) : (please specify which) .....

based solely on the information provided by the undersigned.

DONE AT: ..... ON : .....

CERTIFIED TRUE AND ACCURATE,

SIGNATURE ,

## DECLARATION OF CESSATION OF SELF-EMPLOYMENT

To enable the National Social Insurance Institute for Self-Employed Workers to set the date for suspension of your affiliation, we request that you send us the declaration below, completed and signed:

NATIONAL NUMBER : .....

### A. DECLARATION OF CESSATION OF ACTIVITY

I, the undersigned, .....  
 certify that I am no longer working as a self-employed person or helper, even in a subsidiary capacity,  
 since ..... / ..... / .....

I undertake to announce any recommencement of any self-employment immediately.

DONE AT : ..... ON : ..... / ..... / .....

(Signature)

### B. QUESTIONNAIRE TO BE COMPLETED

1. Do you have another job at present? ?  YES -  NO  
 If so, which one?

.....

2. Did your self-employment end as a result of sickness or invalidity?  YES -  NO

Does your incapacity for work exceed 66%?  YES -  NO

Do you wish to be informed of the advantages and terms of this insurance?  YES -  NO

3. Did your self-employment end due to bankruptcy or a termination of a voluntary agreement with creditors?  YES -  NO

If so, 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/her rights to family allowances and health insurance without payment of contributions.

Do you wish to be informed of the advantages and terms of this insurance?  YES -  NO

4. A self-employed worker who has been in that capacity for at least one year and who ceases trading without benefitting from any equivalent treatment, may for a maximum of two years, safeguard his/her rights to pension and health insurance in the context of "continuing insurance". Do you wish to be informed of the advantages and terms of this insurance?  YES -  NO<sup>(\*)</sup>

5. A self-employed worker who has ceased any professional activity during the period between his 60th and 65th birthday may, whatever the reason for cessation, safeguard his/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 advantages and terms of this insurance?

YES -  NO<sup>(\*)</sup>

(Signature)

(\*) The application must be made before the end of the 2nd quarter following the end of your business activity.