

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 Professional (company contribution)? yes no
 Do you want the social secretariat Partena Professional 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 :

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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) :

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7. STATEMENT BY THE MEMBER

I declare that I wish to affiliate to Partena Professional, 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*

***Warning** : If you are having your activity as self employed for a period less than a full year (4 quarters), the right income that needs to be filled in must necessarily be converted on annual basis. Example: begin of activity in 01.07.2015. Right income is 25.000 EUR. To calculate the provisional social security contributions for the 3th and the 4th quarter 2015, the estimated income to be used is 50.000 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 Professional, 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 Professional 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 Professional, 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 Professional, social insurance for the self-employed within a fortnight of any change of the details shown on this form (statutory requirement).

Done at on Number of enclosures :

Signature

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1. Identification data

A. Personal data

National Identification Register No. (NISS) :

Surname :

Name :

B. Mailing address (if different from home address)

Street : No.: Box:

Postcode: Locality : Country :

C. Contact information

Mobile/Tel. : E-mail : Fax :

2. Your partner's identification data

National Identification Register No. (NISS) :

Surname :

Name :

Affiliation number from our social insurance fund :

3. Organization

You are the partner of the above-mentioned self-employed worker.

Please tick the boxes that apply to your situation on the diagram on the back of this page.

4. Declaration of the signatory

I acknowledge that any incorrect or false declaration is punishable by law. (Tick one of the two boxes)

- The social scheme of collaborating spouse does not apply to my situation.
- The social scheme of collaborating spouse applies to me and I wish to become subscribe to your social insurance fund from :

I confirm having received information pertaining to the existence of management fees, the calculation of management fees and the services to which they entitle me in accordance with Article 20 § 4 of the Royal Decree of 27 July 1967.

I also confirm having received information regarding interim contributions and their regularization in accordance with Article 41 bis of the Royal Decree of 19 December 1967.

I declare that the information provided in this form is correct and complete.

Done in on

Signature

Number of annexes :

Please remember to keep a copy of the filled-out form and to attach any possible annexes. If the information that you have provided in this form should change, you are required by law to report such changes within two weeks. The information which you have provided will only be used to process your social security file. You are entitled to access the information and have it corrected.

⁽¹⁾ «Partner» shall mean the person who is married to or legally cohabiting with a self-employed worker.

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