

1. Start date

Start date of the activity :/..... /

2. Company details

Natural person :

Surname : First name :

National register number or bis register 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 : Website :

Financial data of the natural person

Bank account number :

IBAN : BIC :

Legal person - a company or organization without legal personality

Corporate name :

Company number :

If your (foreign) company does not yet have a company number, please complete the information below:

Street : no. : PO Box :

Postal code : City/Town : Country :

Tel. no. : Mobile phone no. :

Email address : Website :

Financial data of the company

Bank account number :

IBAN : BIC :

Capital :

3. 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 :

6. Skills

Please attach the supporting documents (diplomas, certificates, proof of practical experience,...) necessary for the company's skills to this signed form.

Contact details of the person justifying the basic management knowledge

Surname : First name :

National register number or bis register 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.) :

The basic management representative certifies on his/her honour:

not to engage in any other professional activity

to carry on another professional activity for own account or for third parties, namely :

.....
.....

Contact details of the person justifying the professional skills for the regulated activities

Surname: First name:

National register number or bis register 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.) :

The professional skills representative certifies on his/her honour:

not to engage in any other professional activity

to carry on another professional activity for own account or for third parties, namely :

.....

Details of other persons justifying entrepreneurial capacities :

(Please complete the contact details and position of these people)

.....
.....
.....
.....

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 :

.....

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

7. 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, Rue 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,

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	Activities carried out regularly by the company

NACE code	Activities carried out occasionally by the company

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.

VAT activation

→ Main activity :

→ Estimated turnover :

This turnover comes :

totally / partially (*) of / not at all from the sale :

of energy products referred to in art. 415 §1 of the Programme Act of 27/12/2004 (electricity, fuels, ...)

mobile telephone devices and/or computers (as well as their peripherals, accessories and components)

land vehicles equipped with an engine subject to registration regulations

(*) Estimated annual turnover (excluding VAT) for these sales :

→ Estimated annual turnover (excluding VAT) of activities exempted by art. 44 of the VAT Code (real estate transactions, banking, financial and insurance transactions, etc.) :

→ Presumed annual amount of exempt intra-community supplies :

→ Has there been a takeover of business assets ? yes no - If yes, please specify :

company number of the transferor :

name or corporate name of the transferor :

takeover of business assets : total partial

takeover of the balance of the VAT current account opened in the name of the transferor : yes no

→ Operations carried out :

exclusively referred to in Article 44 of the VAT Code which do not give rise to a right of deduction (taxable person without a right of deduction)

exclusively other than those referred to in Article 44 of the VAT Code which do not give rise to a right of deduction (ordinary taxable persons)

partly of the transactions referred to in Article 44 of the VAT Code which do not give rise to a right of deduction, and partly of other transactions which give rise to a right of deduction (taxable person with a right of partial deduction)

→ VAT regime :

Normal VAT regime with monthly declarations

Normal VAT regime with quarterly declarations

Flat-rate VAT regime - code(s) :

Tax exemption regime

I opt for the taxation in Belgium of intra-community acquisitions of goods

Other specific regime :

Special regime for farmers

Regime without right of deduction

Regime for non-taxable legal persons

Special regime without VAT declarations

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) :

.....
.....
.....
.....

Request made to SABAM

Request made to Rémunération équitable/Billijke Vergoeding [Fair Compensation]

Butcher/pork butcher licencer

Authorisation to carry out travelling sales activities

Authorisation to carry out fairground activities

Other (please specify) :

Registration Social Insurance for self-employed persons Partena Professional

for yourself

for your assistant (spouse, cohabiting partner, family assistant, other)

for your company (as part of the obligation to pay the corporate contributions)

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

- VAT activation,
- 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/Bilijke Vergoeding [Fair Compensation],
- a request to deposit an act,
- other(s) (please specify) :
- registration Social Insurance for self-employed persons Partena Professional
- 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,