

TERMINATION OF BUSINESS

9 Date business terminated (i.e. business based outside France)

END OF THE EMPLOYMENT OF EMPLOYEES SUBJECT TO THE FRENCH SOCIAL SECURITY SCHEME

10 Date employment terminated

APPOINTMENT, CHANGE OR REMOVAL OF REPRESENTATIVE IN FRANCE

If you have appointed a representative/new representative to file declarations and pay social security contributions for which you are liable in France as an employer, please attach the agreement signed with the representative. Appointment Change of representative's particulars Removal Change of representative

CURRENT SITUATION

PREVIOUS SITUATION

With effect from :

11 **Last name** _____
First name _____ Nationality _____ Sex M F
Date of birth _____ Country _____
Town/City _____
Legal name _____
Legal form _____
Address : N° and street _____
Additional address details _____
Town/City _____ Postcode/Zip _____

Last name _____
First name _____ Nationality _____ Sex M F
Date of birth _____ Country _____
Town/City _____
Legal name _____
Legal form _____
SIRET number _____
Address : N° and street _____
Additional address details _____
Town/City _____ Postcode/Zip _____

TAX STATUS

12 You are a business based outside France with no fixed establishment in France but carrying on taxable activities in that country (i.e. activities subject to TVA, French corporate tax, etc.) :

YES NO

If YES, please contact the French tax office for businesses based outside France : [DRESG - Service des impôts des entreprises étrangères](#)
10 rue du Centre - TSA 20011 - 93465 Noisy-le-Grand Cedex
Tel : 00 331 57 33 85 00 - Fax : 00 331 57 33 84 04 - E-mail : siee.dresg@dgfip.finances.gouv.fr

This office will provide you with information on filing tax returns in France and paying the taxes for which you are liable.

NEW MAILING ADDRESS

13 **Name (or Legal name)** _____ Postcode/Zip _____ Country _____
Address : N° and street _____ Telephone number _____
Additional address details _____ Fax number _____
Town/City _____ Country/Province/State _____

ADDITIONAL INFORMATION

14 **Last name, first name (or legal name)** _____ **Title** _____
Do solemnly and sincerely declare that the foregoing is true.
Declared at _____ *Date* _____ *Signed* _____