



## Micro-Entrepreneur Company Start-Up

Please complete the form **in its entirety**, and send to :  
**info@frenchadminsolutions.com**

### Section 1: Your Details

First Name

Middle Name(s)

Surname

Maiden Name

Email Address

Phone Number

Date of Birth

Place of birth       - Country  
                              - town or city

Nationality

Gender

### Address in France

Address Line 1

Address Line 2

Town

Postcode (e.g. 06600)

Region

### Section 2: Professional Activity

Have you previously carried out a non-salaried activity in France?

If yes SIRET number of previous business

Are you currently employed?                   Yes                   No

If Yes, will you continue salaried employment while operating as Micro-Entrepreneur?

Yes                   No

Describe your professional activity

Business Start Date (not more than 30 days from today)

Do you want a 'Trading as' company name:



## Business Address

Where will the business be conducted?

Home address,

Business address (e.g. rented office, shop) or

Domiciliation (professional address rented as your official business address)

Business: Address Line 1

Business: Address Line 2

Business: Town

Business: Postcode

## Business Partner

Does your (married or PACSed) partner contribute to the day-to-day running of the business? *A partner or conjoint collaborateur – is married or PACSed with the business owner, is involved in the day-to-day running of the business, and receives no salary for their services.*

No                      If No move on to **Section 3**                      Yes

If yes :

Do they receive a salary?

No                      Yes

If No,

Collaborator: First Name

Collaborator: Middle Name(s)

Collaborator: Surname

Collaborator: Maiden Name

Collaborator: Nationality

Collaborator: Country of Birth

Collaborator: Place of Birth (town or city)

Collaborator: Date of Birth

Collaborator: Does your partner have a French social security number?

No                      Yes

If yes, Collaborator: Social Security Number? (15 digits)

## Section 3: Your Health Cover

Are you currently employed?

No                      Yes

Do you receive a state pension?

No                      Yes

Do you already have a French social security number?

No                      Yes

If Yes, What is your French social security number?



## Additional Beneficiaries for Health Cover

You can add members of your family (spouse or partner, children) that you wish to benefit from your health cover. *Proof of identity will be required, birth or marriage certificates may have to be provided at a later date. Members of your family who are already covered elsewhere, e.g. in the UK, cannot be added.*

Do you want to add members of your family?

No  Yes

If Yes, or each person give: full name | date of birth | country of birth | place of birth (town or city) | family link (child, spouse or partner)

## Section 4: Social Charges & Tax

Pay social charges monthly or quarterly?

Monthly  Quarterly

Pay income tax at source? (Yes = Pay income tax at the same time as your social charges, or No = the following year with your French Déclaration de Revenus)

Yes  No

## Social Charges Reductions

You may benefit from a lower social charges rate if you're currently unemployed or receiving income support.

Are you currently registered with Pole Emploi?

No  if No move on to Additional Information  Yes

If Yes:

Do you receive any unemployment benefits?

No  Yes

When did you register with Pole Emploi?

Do you currently receive Revenu de Solidarite Active (RSA)?

No  Yes

## Additional Information

Correspondence Address  Home address  Professional address

Phone Number landline or mobile

Email Address

Father's full name and date of birth:

Mother's full name (including Maiden name) and date of birth:



I hereby confirm that all the above information is correct, and that I authorize Jo-Ann Howell to undertake the necessary procedures to register me as an independent worker under the Micro-Entrepreneur statute.

I hereby confirm acceptance of the 250€ fees for this service, which includes 6 months of membership to [www.FrenchAdminSolutions.com](http://www.FrenchAdminSolutions.com).

Signature

Please return this completed, signed form to [info@frenchadminsolutions.com](mailto:info@frenchadminsolutions.com) along with a scanned copy of the photo page of your passport.

Hand write the following on the copy of your passport, and sign it before scanning:

*"J'atteste sur l'honneur que la copie de cette pièce d'identité est conforme à l'original.*

*Fait à ...your town...*

*Le ...date...*

*Your signature"*