French Admin Solutions 2017

Entreprise Individuel Company Start-Up

IMPORTANT : Please complete every part of this questionnaire

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 Female ☐ Male ☐

Address in France

Address Line 1
Address Line 2
Town
Postcode (e.g. 06600)
Region

Professional Activity

Describe your professional activity - give a detailed description of the company's activity, i.e. what you do and how you make money.

Business Start Date (DD / MM / YYYY, not more than 30 days from today)
If your activity is seasonal, please indicate the periods during which you would be working:
Have you previously registered a business in France? ☐ No ☐ Yes
If Yes, SIRET number of previous business
Will you continue salaried employment? ☐ No ☐ Yes
Will you take on any salaried employees? ☐ Yes ☐ No

Limited Liability

Do you have personal assets to protect? ☐ Yes * ☐ No

* You will need to supply a list of possessions which will constitute your company assets, and only these can be considered liable in case of litigation or bankruptcy. If you have property on this list then you will need a Notaire. Please send your list when you return this document.

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Business Address - Where will the business be conducted?

☐ Home address
☐ Business address (e.g. rented office, shop) – complete below
☐ Domiciliation (professional address rented as your official business address) – complete below

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 ☐ 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)

Your Health Cover Are you currently employed in France? ☐ 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, for each person give: full name | date of birth | country of birth | place of birth (town or city) | family link (child, spouse or partner)

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Social Charges Reductions

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

Are you currently registered with Pole Emploi?	☐	No	☐	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

Tax Regime

Do you expect your annual turnover to stay below 32.900€?	☐	No	☐	Yes
If Yes, do you estimate that your expenses will stay below 66% of your turnover?	☐	No	☐	Yes
Will you sell products to your clients in addition to services?	☐	No	☐	Yes

If Yes, what?

Additional Information

Correspondence Address: Home address ☐ Professional address ☐

Phone Number landline or mobile	
Email Address	
Father's full name & date of birth	
Mother's full name including Maiden name & date of birth	

☐ I hereby confirm that all the above information is correct, and that I authorise Jo-Ann Howell to undertake all the necessary procedures to register me as an independent worker under the Entreprise Individuel statute

☐ I hereby confirm acceptance of the 450€ fees for this service, which includes 1 year membership of www.FrenchAdminSolutions.com

Signature

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