



## 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.



## 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)



## 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 and will send a 50% deposit of 225€ by bank transfer<sup>1</sup> or cheque payable to Jo-Ann Howell to confirm my order.

Signature

<sup>1</sup> Bank details : IBAN: FR76 3043 8001 0040 0019 3532 540  
BIC: INGBFR21XXX