

....., 25 May 2018

Dear Sir/Madam,

Subject: Cessation of self-employed activity

In order to enable us to close your file, we invite you to complete and sign the attached declaration.

This document must be sent back to us within fifteen days of the date of this document (or dated from the cessation if it is not yet effective), accompanied by the substantiating proof applicable to your situation.

Failing this, we must continue to collect contributions.

Please also read the provisions on the back of this document and inform us of your intentions.

Important: since 2015, social-security contributions have been calculated in two phases: we will ask you to pay provisional contributions as long as your net professional income for the contribution year is not known. As soon as SPF Finances informs us of this income, we will make a definitive calculation. Following this adjustment, we will claim additional contributions or reimburse any overpayment, even after the cessation of your activities.

Free text...

We remain at your disposal for any additional information.

Yours faithfully,

Cessation due to unfitness for work

If, during at least one calendar quarter, you ceased your self-employed activity due to illness or invalidity, you must make a request for recognition of incapacity to your mutual insurance company pursuant to the Royal Decree dated 20/07/1991. If you fulfil the conditions, you can make the request for assimilation due to illness to our social-security fund.

If the request for assimilation is granted, you remain, for the period in question, compliant without payment of contributions. Your rights to disability and sickness insurance and to a pension are therefore retained.

Conditions:

1. Complete cessation of the activity.
2. Not to have generated any professional income, even through an intermediary person.
3. Unfitness for work recognised by your mutual insurance company.
4. To be compliant concerning contributions.

Continued insurance

Having ceased your self-employed activity and no longer being able to benefit from any other social-security coverage, you may maintain your rights to the social-security status of self-employed through voluntary payments of contributions.

These payments may be made for a maximum of two years providing that you no longer have any rights under another scheme (for example, as an employee, pensioner, etc.). This period may be extended to seven years if this enables you to reach the statutory pension age.

Conditions:

1. Be full-time self-employed for at least a year.
2. Be compliant concerning contributions.
3. Make the request within 6 months following the end of the quarter during which cessation of the self-employed activity took place.

DECLARATION OF CESSATION OF ACTIVITY
***Attach the requested documents as official proof
of cessation.***

I, THE UNDERSIGNED:

National register N°:

Declare having ceased all self-employed activity, even part-time.

*You **must** complete the sections which apply to your situation:*

- If you have ceased due to illness / unfitness for work: only complete section G.
- In all other cases, complete sections A to E and possibly section F.

A. I was self-employed as an individual: ☐ yes ☐ no

I declare having ceased my self-employed activity on/...../..... and

- ☐ I have had my registration with the Banque-Carrefour des Entreprises cancelled
- ☐ I must go to a Formalis one-stop-shop for enterprise registration (www.formalis.be) to cancel my registration with the Crossroads Bank for Enterprises (CBE).

B. I was assistant or spouse-assistant to an independent worker: ☐ yes ☐ no

I declare having ceased my self-employed activity on/...../..... and I attach hereto the declaration of assisted self-employed person (LAST NAME First Name) which confirms that I no longer assisted him/her since that date.

C. I was an active partner within a company: ☐ yes ☐ no

I declare having disposed of all my shares / that I have become a non-active partner of the company (name of the company

.....) having the commercial enterprise number (BCE) dated/...../..... and I attach hereto a copy of the shareholder record of the company enacting the transfer of my shares or a certificate from the manager confirming that I have become a non-active partner.

D. I was representative (manager or director) of a company: ☐ yes ☐ no

I declare having resigned from the company (name of the company) having the commercial enterprise number (CBE) on/...../..... .

- ☐ My resignation was published in the appendices of the Belgian Official Journal.
- ☐ Failing this, I attach hereto the minutes of the general meeting enacting my resignation.

TERMINATE

E. My mandate is exercised without payment: ☐ yes ☐ no

I declare that my mandate has been exercised without payment within the company (name of the company) having the commercial enterprise number (CBE) since/...../..... .

I certify not being paid and not receiving any benefit in kind. My activity is limited exclusively to the exercise of my mandate and I perform no technical or other tasks relative to the achievement of the corporate purpose of the company. I am not an active partner *.

I am aware that I must re-affiliate myself to Group S - CASI if my mandate becomes remunerated.

☐ I am not a pensioner and my appointment as representative without payment has been published in the appendices of the Belgian Official Journal. Failing this, I attach hereto a copy of the Articles of Association of the company enacting the non-remunerated character of my mandate or the minutes of the general meeting ratifying this decision.

☐ I am a pensioner and I attach hereto a declaration from another member of the company (manager or director) confirming the non-remunerated character of my mandate.

F. I have ceased my activity but I wish to maintain my rights to the social-security status of self-employed by continued insurance

Having ceased my self-employed activity on/...../..... and currently having no social-security coverage, I wish to benefit from the possibility of maintaining my rights to the social-security status of self-employed in return for voluntary payments of contributions.

☐ I fulfil the following conditions:

- I was full-time self-employed for at least one year;
- I am compliant concerning social-security contributions;
- I make the request within 6 months following the end of the quarter during which cessation of self-employed activity took place.

☐ I hereby apply for **continued insurance**.

Check this box if you wish to benefit from this right.

G. I ceased my activity due to unfitness for work

I have ceased all self-employed activity due to unfitness for work since/...../..... . ☐ I fulfil the following conditions:

- I have completely ceased my self-employed activity;
- no professional income is generated in my name, even through an intermediary person;
- the unfitness for work is recognised by the mutual insurance company;
- I am compliant concerning contributions.

☐ I hereby apply for assimilation due to illness.

Check this box if you wish to benefit from this right.

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Signed at:	SIGNATURE
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* An active partner is a person who, independently of his/her capital contribution, exercises an effective and regular activity in the company without being bound by an employment contract.