# AFFIDAVIT OF RESIDENCE

## Application for implementation of the tax treaty between France and

Please write the name of the country in this box

***Number of attachments***

|  |  |  |
| --- | --- | --- |
| **I) Types of income** |  |  |
| □ **Dividends**  | * Normal procedure
* Simplified procedure
 | Attach Form 5001File this certificate of residence only | * **Interest** 
* **Royalties** 
 | Attach Form 5002Attach Form 5003 |

|  |  |
| --- | --- |
| **II) Beneficiary** |  |
| Surname and first name, or company nameOccupation / Legal formFull home address or registered officeE-mail | .................................................................................................................................................... |
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| **For United States residents**See note  | ....................................................................……........................................................................ |

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| **III) Beneficiary’s declaration** |  *Investment companies and funds please complete box VII as well*  |
| I hereby declare that:* I am beneficially entitled to the income for which the treaty benefits are being claimed;
* For the purposes of the abovementioned tax treaty, the beneficiary is a resident of *(or in the case of pension fund*  *or an investment company* **,** *is established in)*  ;
* Due to my legal form or business activity, I am subject to the tax laws of (name of country of residence),

including with respect to dividends paid in France. Notwithstanding, this condition is not required under the terms of certain tax treaties with France   ;* I do not have any establishment or permanent base that this income is attached to in France;
* This income has been or will be reported to the tax authorities in my country of residence.

………………………………………………...Date and place Signature of beneficiary or his/her legal representative |

………………………………………………...

Date and place

Signature and seal

|  |  |
| --- | --- |
| **V) Declaration of the paying institution** |  |
| Name | ........................................................................................................................................................................... |
| Address | ........................................................................................................................................................................... |
|  | ........................................................................................................................................................................... |
| SIREN number | ........................................................................................................................................................................... |
| We hereby declare that we have paid the beneficiary, in respect of , the income referred to in this application, net of the withholding tax at the rate provided for in French domestic law.………………………………………………...Date and place Seal |

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| **VI) Declaration of the US financial institution**  |  *(For beneficiaries who are United States residents only)* |
| Name | ........................................................................................................................................................................... |
| Address | ........................................................................................................................................................................... |
|  | ........................................................................................................................................................................... |
| The abovenamed institution hereby certifies that, to the best of its knowledge, the applicant is a resident of the United States and that the information provided on this form is correct.………………………………………………...Date and place Seal |

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| **VII) Investment company or fund**  |  |
| * Financial year from………...………… to ; 
* In the case of German funds, if the French authorities

have issued an authorisation: authorisation date and number: authorisation number ……………… date ………………..…….. | * Number of unit holders or shareholders in fund:

...................................…………………………...........* Percentage of unit holders or shareholders who are residents of: ......................................... %
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| --- | --- |
| **VIII) In case of direct refund by the tax authority** |  |
| Where should the repayment be sent (bank, post office, account) ? Send an IBAN/SWIFT...*...............................................................................................................................................................................................................**..................................................................................................................................................................................................................**..................................................................................................................................................................................................................* |