

For use by the
foreign tax
authority

CERTIFICATE 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 ①

- | | | | | | |
|---------------------------------------------|---|-----------------------------------------------|-------------------------------------------|---------------------------------------------|--------------------|
| <input type="checkbox"/> Dividends ② | { | <input type="checkbox"/> Normal procedure | ⇒ Attach Form 5001 | <input type="checkbox"/> Interest ② | ⇒ Attach Form 5002 |
| | | <input type="checkbox"/> Simplified procedure | ⇒ File this certificate of residence only | <input type="checkbox"/> Royalties ② | ⇒ Attach Form 5003 |

II) Beneficiary

Surname and first name, or company name	
Occupation	
Full home address or registered office	
For United States residents See note ③	

III) Beneficiary's declaration

⇒ Investment companies and funds please complete box VII as well ⑥

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 ⑤ or an investment company ⑥, is established in*) ④ ;
- 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
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IV) Declaration of the foreign tax authority

The tax authority of ④ hereby certifies that to the best of its knowledge:

- The information provided by the applicant is correct;
- For the purposes of the abovementioned tax treaty, the beneficiary is a resident of (*or in the case of pension fund ⑤ or an investment company ⑥, is established in*) ④ ;
- The beneficiary of the income is subject to taxation by the authority under the tax identification number (where applicable).

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 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

VI) Declaration of the US financial institution ⑦

 (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

VII) Investment company or fund ⑥

- Financial year from..... to.....; ⑥	- Number of unit holders or shareholders in fund:
- In the case of German funds, if the French authorities have issued an authorisation: authorisation date and number: authorisation number date	- Percentage of unit holders or shareholders who are residents of: ④ : %

VIII) In case of direct refund by the tax authority

Where should the repayment be sent (bank, post office, account) ?

.....

.....

.....

To be kept by
the beneficiary

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Surname and first name, or company name	
Occupation	
Full home address or registered office	
For United States residents See note ③	

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Date and place Seal

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.....

For use by the
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ATTESTATION DE RESIDENCE






12816*01

Demande d'application de la convention fiscale entre la France et

Inscrire dans cette case le nom de l'Etat contractant

Nombre d'annexes


I) Nature des revenus ①

<input type="checkbox"/> Dividendes ②	<input type="checkbox"/> Procédure normale		Joindre un formulaire annexe n° 5001	<input type="checkbox"/> Intérêts ②		Joindre un formulaire annexe n° 5002
	<input type="checkbox"/> Procédure simplifiée		File this certificate of residence only	<input type="checkbox"/> Redevances ②		Joindre un formulaire annexe n° 5003

II) Désignation du bénéficiaire des revenus

Nom et prénom ou raison sociale	.....
Profession	.....
Adresse complète du domicile ou du siège social	.....
Pour les résidents des Etats-Unis cf. notice ③	.....

III) Déclaration du bénéficiaire des revenus

 Fonds et sociétés d'investissement : compléter aussi le cadre VII ⑥

Le soussigné certifie :

- être le bénéficiaire effectif des revenus pour lesquels le bénéfice de la convention est demandé ;
- avoir, au sens de la convention fiscale susvisée, la qualité de résident de (ou s'agissant d'un fonds de pension ⑤ ou d'un fonds ou d'une société d'investissement ⑥ être établi à) ④ ;
- ne pas posséder en France d'établissement ou de base fixe auxquels se rattachent les revenus ;
- que ces revenus ont été ou seront déclarés à l'administration des impôts de l'Etat de résidence.

..... Date et lieu Signature du bénéficiaire ou de son représentant légal
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IV) Déclaration de l'administration étrangère

L'administration fiscale de ④ certifie qu'à sa connaissance :

- les indications portées par le déclarant sur la présente demande sont exactes ;
- au sens de la convention fiscale susvisée le bénéficiaire a bien la qualité de résident de (ou s'agissant d'un fonds de pension ⑤ ou d'un fonds ou d'une société d'investissement ⑥ être établi à) ④ ;
- le bénéficiaire des revenus relève de son ressort sous le numéro fiscal (si un tel numéro existe).

..... Date et lieu Signature et tampon
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V) Déclaration de l'établissement payeur

Nom / Dénomination
Adresse
Numéro SIREN

Nous certifions avoir payé au bénéficiaire les revenus compris dans la présente demande pour leur montant net c'est à dire déduction faite de l'impôt à la source au taux prévu par le droit interne français.

.....

Date et lieu Cachet

VI) Déclaration de l'établissement financier américain ⑦*(pour les seuls bénéficiaires résidents des Etats-Unis)*

Nom / Dénomination	.....
Adresse	..........

L'établissement désigné ci-avant certifie qu'à sa connaissance le déclarant est un résident des Etats-Unis et que les mentions portées sur cette déclaration sont exactes.

.....

Date et lieu Cachet

VII) Société ou fonds d'investissement ⑧

- Exercice social du au; ⑧	- Nombre de porteurs de parts du fonds :
- Pour les OPCVM d'Allemagne, si l'administration française a délivré une autorisation : date et numéro de l'autorisation : autorisation n° du	- Pourcentage de porteurs de parts résidents de ⑨ : %

VIII) En cas de remboursement direct par l'administration au créancier

Où le montant à rembourser doit-il être envoyé pour le compte du créancier (banque, compte chèque postal) ?

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