

For use by the foreign tax authority

## 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 ①

<input type="checkbox"/> Dividends ②	<input type="checkbox"/> Normal procedure <span style="color: blue;">➔</span> Attach Form 5001	<input type="checkbox"/> Interest ② <span style="color: blue;">➔</span> Attach Form 5002
	<input type="checkbox"/> Simplified procedure <span style="color: blue;">➔</span> File this certificate of residence only	<input type="checkbox"/> Royalties ② <span style="color: blue;">➔</span> Attach Form 5003

#### II) Beneficiary

Surname and first name, or company name	
Occupation / Legal form- Full home address or registered office	
E-mail	
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 ② or an investment company ⑥, is established in) ..... ④;
- Due to my legal form or business activity, I am subject to the tax under the laws of..... (name of country of residence), including with respect to French-source dividends. Notwithstanding, this condition is not required under the terms of certain tax treaties with France ④ ⑤ ⑥;
- 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

#### 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, 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 Signature and Seal

**VI) Declaration of the US financial institution 7**  (For beneficiaries who are United States residents only)

Name	
Adress	

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 Signature and 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:	- Percentage of unit holders or shareholders who are residents of..... 4 : ..... %
- autorisation number ..... date .....	

**VIII) In case of direct refund by the tax authority**

Where should the repayment be sent (bank, post office, account) ? Send an IBAN/SWIFT

.....

.....

.....

To be kept by the beneficiary

## 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 ①

<input type="checkbox"/> Dividends ②	<input type="checkbox"/> Normal procedure	<input type="checkbox"/> Simplified procedure	→ Attach Form 5001 → File this certificate of residence only	<input type="checkbox"/> Interest ②	<input type="checkbox"/> Royalties ②	→ Attach Form 5002 → Attach Form 5003
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#### II) Beneficiary

Surname and first name, or company name	
Occupation / Legal form- Full home address or registered office	
E-mail	
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 ☐ or an investment company ⑥, is established in) ..... ④;
- Due to my legal form or business activity, I am subject to the tax under the laws of..... (name of country of residence), including with respect to French-source dividends. Notwithstanding, this condition is not required under the terms of certain tax treaties with France ④ ⑤ ⑥ ;
- 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

#### 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, 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 Signature and Seal

**VI) Declaration of the US financial institution ⑦**  (For beneficiaries who are United States residents only)

Name	
Adress	

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 Signature and 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:	- Percentage of unit holders or shareholders who are residents of..... ④ : ..... %
- autorisation number ..... date .....	

**VIII) In case of direct refund by the tax authority**

Where should the repayment be sent (bank, post office, account) ? Send an IBAN/SWIFT

.....

.....

.....

For use by the French tax authority

## ATTESTATION DE RÉSIDENCE

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

Inscrire dans cette case le nom de l'Etat contractant

Nombres 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	➔	Ne déposer que cette attestation de résidence	<input type="checkbox"/> Redevances ②	➔	Joindre un formulaire annexe n° 5003

#### II) Désignation du bénéficiaire des revenus

Nom et prénom ou raison sociale	
Profession / forme juridique	
Adresse complète du domicile ou du siège social	
Mél	
<b>Pour les résidents des Etats Unis</b> 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 ;
- être soumis par la loi de.....(nom de l'Etat de résidence) à l'impôt à raison de son statut ou de son activité, y compris sur les dividendes de source française. Toutefois, cette condition n'est pas exigée pour certaines conventions fiscales conclues par la France ④ ⑤ ⑥ ;
- 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

#### 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 est imposé dans son ressort sous le numéro fiscal ..... (si un tel numéro existe).

.....

Date et lieu
Signature et cachet

### V) Déclaration de l'établissement payeur

Nom / Dénomination	
Adresse	
Numéro SIREN	

Nous certifions avoir payé au bénéficiaire, au titre de l'année....., 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 Signature et 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 Signature et cachet

### VII) Société ou fonds d'investissement ⑥

- Exercice social du ..... au .....; ⑥	- 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 ..... ④ : ..... %

### 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) ? Fournir IBAN/SWIFT

.....

.....

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