



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

### II) Beneficiary

Surname and first name, or company name	
Occupation	
Full home address or registered office	
<b>For United States residents</b> 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

### 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 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 - 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: ..... ④ : ..... %
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**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

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

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

### III) Beneficiary's declaration

Investment companies and funds please complete box VII as well ⑥

I hereby declare that:

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

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Date and place
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**V) Declaration of the paying institution**

Name	.....
Address	..... .....
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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 - 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: ..... ④ : ..... %
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**VIII) In case of direct refund by the tax authority**

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

.....

.....

.....



For use by the  
French tax  
authority

# ATTESTATION DE RESIDENCE



## 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"/> <b>Dividendes ②</b>	<input type="checkbox"/> Procédure normale <input type="checkbox"/> Procédure simplifiée	<input type="checkbox"/> Joindre un formulaire annexe n° 5001 <input type="checkbox"/> File this certificate of residence only	<input type="checkbox"/> <b>Intérêts ②</b> <input type="checkbox"/> <b>Redevances ②</b>	<input type="checkbox"/> Joindre un formulaire annexe n° 5002 <input type="checkbox"/> Joindre un formulaire annexe n° 5003
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### II) Désignation du bénéficiaire des revenus

Nom et prénom ou raison sociale	
Profession	
Adresse complète du domicile ou du siège social	
<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 ;
- 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

### 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

**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 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**

<ul style="list-style-type: none"> <li>- Exercice social du ..... au .....; ⑥</li> <li>- Pour les OPCVM d'Allemagne, si l'administration française a délivré une autorisation : date et numéro de l'autorisation : autorisation n° ..... du .....</li> </ul>	<ul style="list-style-type: none"> <li>- Nombre de porteurs de parts du fonds : .....</li> <li>- Pourcentage de porteurs de parts résidents de ..... ④ : ..... %</li> </ul>
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**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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