



For use by the  
foreign tax  
authority

**CERTIFICATE OF RESIDENCE**



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

Name of the country

Please write the name of the country in this box

Number of  
attachments

[Empty box for 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"/> Interest ②	<input type="checkbox"/> Attach Form 5002
		<input type="checkbox"/> File this certificate of residence only	<input checked="checked" type="checkbox"/> Royalties ②	<input type="checkbox"/> Attach Form 5003

**II) Beneficiary**

Surname and first name, or company name	Your surname and first name .....
Occupation	.....
Full home address or registered office	Your full home address .....
.....	.....
For United States residents See note ③	Your social security number or your employer number .....
.....	.....

**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) Name of the country ..... ④ ;
- I do not have any establishment or permanent base that this income is attached in France;
- This income has been or will be reported to the tax authorities in my country of residence.

..... Date (dd/mm/yyyy) and place ..... Your signature

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) Name of the country ..... ④ ;
- The beneficiary of the income is subject to taxation by the authority under the tax identification number ..... (where applicable).

..... Date (dd/mm/yyyy) and place ..... Signature and seal of your tax authorities

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**

⇒ (For beneficiaries who are United States residents only)

Name	<b>Name of your bank</b> .....
Address	<b>Address of your bank</b> .....

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 (dd/mm/yyyy) and place** ..... **Seal of your bank**

Date and place Seal

**VII) Investment company or fund**

- Financial year from..... to.....; ① - 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 : ..... %

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

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

.....

.....

.....



Your name

Recipient's name

For use by the foreign tax authority

APPLICATION FOR A REDUCTION OF WITHHOLDING TAX ON ROYALTIES Attachment to Form 5000



YOU ARE A LEGAL ENTITY If you are eligible for the exemption under Directive 2003/49/EC of 3 June 2003 make sure the Box VI is completed

I) Description of French payer of royalties

Name: SACD Registered office or management office: 11 bis, rue Ballu, 75442 Paris Cedex 9, France

II) Precise description of the goods or rights giving rise to royalty payments

Royalties

III) To be completed by the French payer of royalties

Please make sure that you complete Boxes I, II and III on Form 5000

Table with 6 columns: Gross amount due, Date paid, Amount of French withholding tax (Amount due, Amount paid, Amount reclaimed), and Control. Includes a red watermark 'This section will be filled in by SACD'.

IV) Declaration of recipient applying for an exemption under Directive 2003/49/EC

I hereby certify that I meet the holding requirements stipulated in Directive 2003/49/EC of 3 June 2003 and, consequently, I am applying for an exemption from the withholding tax on royalties collected from French sources.

Date (dd/mm/yyyy) and place Your signature