

Maiden name:



Last name:

## **Information Sheet for External Workers**

Do not fill in by hand Personal information

First name:				
Family situation:			Date of the event DD/MM/YY:	
Date of birth:		Place of birth:		
Country of birth:	Nationality:			
INSEE no.:			> (if you have a social security number)	
Adress:				
Postal code:		To	wn: Country:	
Personal email:			Phone:	
Tax residency in France:	Yes	No	If no, country of tax residency**:	
** Provide confirmation of tax 1	residency issued by th	he country's	tax authorities. If this is not provided, French taxation will be applied.	
		Prof	essional information	
	TO BE CO	OMPLET	ED BY FRENCH RESIDENTS ONLY	
Current status:				
French public servant (specify p	profession and rank):			
On contract (specify CDD or CDI a	nd category:			
French public service:				
Administration and postal ac	ldress:			
Email of the HR administrate	or of the main e	nployer:	Phone:	
Administrative position:				
Social security regime***:  *** Provide the last pay slip and is exceeded.	l the one for Decemb	eer of last yea	If special regime, specify: ar. If not provided, employee social security contributions will be applied even if the ceiling	
I hererby certify that the info	ormation provid	ed in this	document is correct.	
Гоwп	:	Date	Signature	