|  |
| --- |
| Dienst economische migratie / beroepskaartenKoning Albert II-laan 35 bus 20 1030 BRUSSELvlaanderen.be/beroepskaart-voor-buitenlandse-ondernemers |

**//////////////////////////////////////////////////////////////////////////////////////////////////**

**APPLICATION FOR A PROFESSIONAL CARD FOR FOREIGNERS**(1)

**Diplomatic mission or consular post** :…………………..….…………..

**Contact person :**……………………………………….….…….………….……..

**Tel :**……………………………………………………………….…….………………..

**E-mail :** ………………………………………………………………………………….

**Date of receipt Economic Migration Service :………………..……** ……………………………………...…….………….

**TYPE OF APPLICATION :**

□ **New application**

□ **Renewal**(2)

□ **Modification**(2)

□ **Replacement**(3)

**Address of planned operating unit(s)
1)…………………………………………………**

**2)………………………………………………..**

**3)………………………………………………..

Address of registered office:
…………………………………………………….**

**A. INFORMATION ON THE SITUATION OF THE APPLICANT**

**LAST NAME:**…………………………………………………………………………………………………………………………………………..……………………………………

**FIRST NAMES:**…………………………………………………………………………………………………….……………………………………………………………………….

**PLACE AND DATE OF BIRTH:**……………………………………………………………………………………………………………………………………………………….

**SEX**: □ male □ female

**MARITAL STATUS:**

* unmarried
* married date of marriage: …………………………
* cohabitating since…..………………………………………
* de facto or judicially separated since…..………………………………………
* divorced since…...…………………...…………………
* widower - widow

**NATIONALITY:**…………………………………………………………………………………………………………………………………………………………………………….

**CURRENT ACTIVITY:**………………………………………………………………………………………………………..………………………………………………………….

**OFFICIAL ADDRESS:……………….……………………………………………………………………….…………………………………………………………………………………….**

……………………….…………………………………………………………………………………………………………..………………………………………………………………..

Town or city:………………………………………………………………….………Postcode: …………….Country:…...………………………....……………………….

Tel:……………..………………………………Fax:……………………………………….e-mail:…………………………………………….………………………………………

**CONTACT ADDRESS FOR CORRESPONDENCE:**

Name (representative):…………………………………………………………………………………………………………………………………………………………………

Street:………………………………………………………………………………………………………………………..……… Number:………………………………………….

Town or city:………………………………………………………………….………Postcode:……………….Country:…...………………………..……………………….

Tel:……………..………………………………Fax:……………………………………….e-mail:…………………………………………….……………………………………....

**SPOUSE**(4) **or COHABITING**(4)**:**

Last Name:………………………………………………………………………………………..………………………………………………………………..……………………….

First Names:……………………………………………………………………………………..………………………………………………………………………………………….

Place and date of birth:………………………………………………………………………………………………………….….…………….……………………………………

Nationality: *(possibly before and after the marriage)*…………………………………………….……………………………………………………………………….……………………………………………………………….

Address:………………………………………………………………………..…………………...…………………………………………………………………………………………

Current Activity:………………………………………………………………………………………………………..…………………………………………………………………..

**OTHER PERSONS COHABITING WITH THE APPLICANT** :…………………………………….………….

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last name | First name | Date of birth | Place of birth | Nationality | Degree of relationship | Activity |
|  |  |  |  |  |  |  |

**B. INFORMATION ON THE SELF-EMPLOYED PROFESSIONAL ACTIVITY**

# B1 – AS A NATURAL PERSON

Alone □ self-employed as main occupation

 □ self-employed as secondary occupation (parallel to an activity as wage earner)

 □ self-employed helper

In de facto association □ with …………………………………………………………………………………………..

Company: □ creation of new company

 □ taking a stake in an existing company

 □ take-over of an existing company

 □ representative subsidiary (branch) of a foreign company

 □ other (franchise, etc.)

Accurate description of the activity:

……………………………………………………………………… …………..…… …………………………………...………………………………………………………………………………………………………………………………………...………………………………………………………………………………………………………………………………………...………………………………………………………………………………………………………..………………………………….…………………………………………..……

……………………………………………………………………..………………………………….…………………………………………………………………………………………..

Address(es) of operation:

……………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………

Company registration number (5) :……………………………………………………………………………………………..……………………..………………………….

Social security number (RSZ)(5):….………………………………………………………..………………………………………………………………………………………..

Name and address of the one-stop-shop for business support chosen:……………………………………………………………..………………………….

# B2 – IN COMPANY FORM

Name:…………………………………………………………………………………………………………………………………………………………………………………………..

Legal form:…………………………………………………………………………………………………………………………………………………………………….…………….

Position: □ managing director

 □ director

 □ business manager

 □ acting partner

 □ other (to be specified):…………………………………………………………………………………………………………

Company: □ new company

 □ taking a stake in an existing company

 □ take-over of an existing company

 □ other (to be specified):………………………………………………………………………………………………………….

Accurate description of the activity:

………………………………………………………………………………………………………………………………...……………….…………………………….…………………………………………………………………………………………..……………………..………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..……………...…………………………………………………

Registered office:

……………………………………………………………………………………………………………………………...……………………………………………………………………..

Address(es) of operation:

…………………………………………………………………………………………………………………………..……………………………………………………………………………………………………….………………………………….……………………………………………………………………………………………………………………………………

Company registration number(5):……………………………………………………………………….………………………………………………………………………..

Social security number (RSZ)(5):………………………………………………………………………………….…………………………………………………………………

Name and address of the one-stop-shop for business support chosen: …………………………………………………….……….……….……………….

…………………………………………………………………………………...………………………………………………………………………………………………………………..

**C. APPLICATION FOR MODIFICATION OF PROFESSIONAL CARD**

# C1 – ENTRIES TO BE MODIFIED

Legal form:…………………………………………………………………………………………………………………………………..…………………………

Private Address: ………………………………………………………………………..…………………………………………………………..………………

Address of registered office:…………...…………………………………………………………………………………………………………..…………

Address(es) of operation:…………………..……..…………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………………

Activity:………………………………………………………………………………...………………………………………………………………………………...

…………………………………………………………………………………………………………………………………………………………………………………

Position or functions performed:…………………………………………………………………………………………………………………..…….…….

Other points to be modified:………………………………………………………..……………………………………………………………………………

………………………………………………..……………………………………………………………………………………………………………………………….

# C1 – ENTRIES TO BE DELETED

……………………………………………………………………………………………………….………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………….…………………..

# C3 – ENTRIES TO BE ADDED

………………………………………………………………………………………………………….……………………………………………………………………..

……………………………………………………………………………………………………………………………………………………………….……….……….

Name and address of the one-stop-shop for business support chosen:…………………..………………………………..…………………………………

**D. INFORMATION ON RESIDENCE**

# D1 – IS THE APPLICANT AUTHORISED TO RESIDE:

□ In Belgium? □ Yes □ No

Since when?…………………………………………………………………………………………………………………..…………………………..

Nature of the residence permit:……………………………………………………… (Attach copy of the residence permit)

Expiry date:………………………………………………………………………………..……………………………………………………………….

□ In the country in which he submits his application? □ Yes □ No

(Attach copy of the residence permit **if** the applicant resides in the EU)

Since when?………………………………………………………………………………………………………………………………………………..

 Does the applicant have the long-term resident status? □ Yes □ No

# D2 - REASON FOR THE RESIDENCE PERMIT IN BELGIUM?

* candidate refugee (attach certificate of the Immigration Service)
* student (attach proof of enrolment as a student)
* work permit (attach copy of work permit)
* other (to be specified)………………………………………………………………

**D3 – EXTRACT FROM THE JUDICIAL RECORD: attached to the present form?**

□ Yes □ No

**D4 – ADVICE OF THE DIPLOMATIC MISSION OR CONSULAR POST:**



**Application for protocol (circular 132)** *□* Yes □ No

**The diplomatic or consular official,**

**DUTY OF 140 €**

**Collected**

* **YES**
* **NO**

Seal of the diplomatic mission or consular post

Date

**DATE & SIGNATURE**

**of the applicant:**

The consular post will send this form and the documents attached within **5 days** of their submission to the following address: Departement Werk en Sociale Economie, Dienst Economische Migratie, Koning Albert-II laan 35 bus 20, 1030 Brussel - Tel: 02 553 08 80 - Fax: 02 553 44 22 - beroepskaart@vlaanderen.be - [http://www.werk.be](http://www.werk.be/)