

## **SELF-EMPLOYED PERSON**

Registration / Coverage of the self-employed person Registration / Coverage of the self-employed person's spouse or partner (a)			
Change of circumstances (b)			
1 IDENTIFICATION			
Full name Social Security Identification Number Sex M F Civil status  Valid identification document no. from Sear Month day  Address Sex M F Civil status  Valid identification document Postal code Municipality Parish  Mobile phone / Phone no. Fax no. E-mail			
Person carrying out a self-employed activity (1) Self-employed person's spouse or partner Partner or member of professional associations (2) Partner of a cooperative farming society (3) Holder of farm rights or similar agricultural holding rights (4) Holder of a single-member limited liability company  Agricultural producer (5) Agricultural producer's spouse or partner Member of a production and services cooperative (6) Intellectual worker (7) Individual entrepreneur (8)			
Professional activity			
Main activity Beginning Resumption			
Activity code (CAE) (9) Activity code (CIRC) (10)			
<ul> <li>Generating the income provided for in Articles 3 and 4 of the Natural Persons Income Tax Code.</li> <li>As defined in Article 6(4)(a) of the Corporate Income Tax Code (CIRC).</li> <li>Even if he/she carries out an activity therein, being part of the respective statutory bodies.</li> <li>Even if the activity carried out therein results only in management acts, provided that such acts are carried out directly, on a repeated and permanent basis. The management acts are considered to be carried out on a permanent basis when the holders of farms or similar agricultural holdings are assigned to management acts that require a regular activity, although this activity is not performed on a full-time basis.</li> <li>Who effectively performs his/her professional activity on the farm or similar agricultural holding. Forestry, livestock, horticulture, floriculture, poultry and apiculture activities and businesses are considered as agricultural holdings, even though the land has a function of merely holding the facilities.</li> <li>Coverage by the self-employment scheme is only possible if the cooperative statutes provide for this option, which cannot be changed for a minimum period of five years.</li> <li>Intellectual creators in the literary, scientific and artistic fields, namely authors of literary, dramatic and musical works; authors of choreographic, staging and pantomime works; authors of cinematographic works or those produced by any process similar to that of cinematography; authors of plastic, figurative or applied arts and photographers; translators; authors of arrangements, instrumentations, dramatizations, cinematography and other transformations of any work.</li> <li>Income provided for in Article 3(1)(a) of Natural Persons Income Tax Code.</li> <li>Natural Persons. (CIRC – Portuguese Classification of Economic Activities).</li> <li>Legal Persons. (CIRC – Corporate Income Tax Code).</li> </ul>			

(a) Who effectively performs his/her professional activity with the self-employed person, on a regular and permanent basis.

**(b)** To communicate the change of name, marital status, change in the contribution base and suspension or cessation of activity.

The personal data provided in this application will be processed by the competent Social Security services (Instituto da Segurança Social, I.P., Instituto da Segurança Social dos Açores, I.P.R.A and Instituto de Segurança Social da Madeira, IP-RAM) for the purposes of this form and will be kept for the period strictly necessary to fulfil such purposes.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

For more information on data protection, please consult the Social Security website at www.seg-social.pt

False statements and omissions are punished according to the law

2 PROFESSIONAL SITUATION (continuation)			
Do you carry out any secondary activity(activities)? Yes No If you ticked <b>Yes</b> , please indicate:			
Name of the secondary activity	CAE	CIRC	
TO BE COMPLETED BY THE SELF-EMPLOYED PERSON'S SPOUS	SE OR PARTNER COV	/ERED BY THE SELF-	
Full name of the self-employed person			
Birth date Social Security Identification with day	ition Number		
Taxpayer no			
4 OPTION FOR THE CONTRIBUTION BASE APPLICABLE TO THE PARTNER	SELF-EMPLOYED PE	ERSON'S SPOUSE OR	
I hereby request that the relevant income to be determined as contribution base is:			
lower than %. This percentage cannot exceed 20% of the relevant incorperson's spouse	ome which has been app	olied to the self-employed	
higher than %. This percentage cannot exceed the relevant income limit amount established for the self-employed person			
5 TO BE COMPLETED IN THE CASE OF INTELLECTUAL ACTIVITY / CER	TIFICATION BY THE RI	EPRESENTATIVE BODY	
I confirm that the beneficiary carries out the activity of	sind	ce	
Name of the representative body		year month day	
year mês day Sign	anturo and stamp		
Signature and stamp			
6 SUSPENSION / CESSATION OF ACTIVITY			
ano month day	my professional activity.		
Reason for the suspension			
7 APPLICANT CERTIFICATION			
The information provided corresponds to the truth and does not omit any relevant det	ails.		
Signature of the applicant or another productions are supplied to the applicant or another production are supplied to the applied to	person on his/her behalf, in a	accordance with a valid	
8 DOCUMENTS TO SUBMIT			
Valid ID document <sup>(1)</sup> and taxpayer document, if the applicant is not registered in the S Marriage certificate, in the case of coverage under the self-employment scheme of the the Parish Council attesting the de facto relationship between the self-employed person	self-employed person's s		
(1) Citizen Card or Identity Card, Civil Registration Certificate and Birth Certificate or Temporary/Permanent residence	e permit, in case of a foreign worl	ker.	
9 TIME LIMITS			
The beginning of activity of the self-employed person's spouse or partner must be comonth of the activity beginning.  The end of coverage under the self-employment scheme of the self-employed person's end of the month in which this fact occurs.		•	
SIGNATURE VALIDATION (to be completed by the Social Security serv	vices)		
I confirm that the signature of the: applicant or person on his/her behalf is in accordance with the following ID document:			
Citizen Card Identity Card Passport Othe	er		
Number   _ , _ , _ , _ , _ , Valid until	day	ty signature and stamp	