

# Application for benefit for cessation of activity of self-employed worker

Received stamp

## 1. APPLICANT'S PERSONAL DAT

FIRST SURNAME	SECOND SURNAME	NAME	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	TYPE OF IDENTIFICATION DOCUMENT		IDENTIFICATION DOCUMENT NO.
Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	DNI <input type="checkbox"/> FOREIGNER CARD <input type="checkbox"/> PASSPORT <input type="checkbox"/>		<input type="text"/>
ADDRESS: TYPE OF TH.	NAME OF THE PUBLIC THOROUGHFARE	NUMBER	BLOCK STAIR FLOOR DOOR CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MUNICIPALITY	PROVINCE	LANDLINE PHONE NO.	TEL. NO. MOBILE (SMS) EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. TYPE OF SELF-EMPLOYED WORKER AND STATUS (mark the appropriate option with an "X")

2.1 TYPE OF SELF-EMPLOYED

Self-employed worker

Associated worker member of worker cooperative

Administrator or director

Financially dependent self-employed worker (TRADE)

Company partner

Self-employed carrying on his/her professional activity jointly

2.2 APPLICANT'S STATUS

Employee

Recipient of benefits for stoppage of the fleet Recipient of Social Security pensions

Recipient of other benefits

Self-employed

- Specify

- Specify

## 3. DETAILS OF THE ACTIVITY

BUSINESS	NAME OF ESTABLISHMENT (if applicable)	Tax ID	NO. OF EMPLOYEES
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS: TYPE OF TH.	NAME OF THE PUBLIC THOROUGHFARE	NUMBER	BLOCK STAIR FLOOR DOOR CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MUNICIPALITY	PROVINCE	LANDLINE PHONE NO.	TEL. NO. MOBILE (SMS) EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.1 TIMEFRAME	START DATE: Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	END DATE: Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	

## 4. DETAILS OF THE CESSATION OF ACTIVITY BENEFIT

4.1 DATE OF THE CESSATION OF Day  Month  Year

4.2 CLAIMED REASON FOR CESSATION OF ACTIVITY (mark the appropriate option with an "X")

Concurrence of economic, technical, productive or organisational reasons

Due to loss of administrative licence

Divorce or marital separation

Due to force majeure

Gender-based violence

Sexual violence \*

Cessation:

TEMPORARY TOTAL

PARTIAL TEMPORARY

PERMANENT

\* In the event of sexual violence, give the date indicated in the protection order or, failing that, the report from the Public

Day  Month  Year

4.3 FURTHER TO POINT 4.2 OTHER REASONS CLAIMED BY FINANCIALLY DEPENDENT SELF-EMPLOYED WORKERS (mark the appropriate option with an "X")

End of the term of the contract, work or service

Termination of the customer's contractual relationship with just cause

Just cause Due to death, incapacity or retirement of the customer

Serious breach of contract by the customer

Termination of the contractual relationship with the customer without

4.4 REASONS CLAIMED BY WORKER MEMBERS OF ASSOCIATED WORK COOPERATIVES (mark the appropriate option with an "X")

Due expulsion from the cooperative without just cause

For economic, technical, productive, organisational or force majeure reasons

Due to the end of term of the corporate relationship

Due to gender-based violence in female worker members

Due to loss of the cooperative's administrative licence

Due to cessation of work during the probationary period

## 5. DIRECT DEBIT AND TAX DETAILS

5.1 DIRECT DEBIT (the party in question must be the holder of the current account)

IBAN  Entity  Office  D.C. and Current account

5.2 VOLUNTARY WITHHOLDING RATE ON PERSONAL INCOME TAX (a percentage lower than that set out in law shall not be accepted)

Rate of  %

This application is supplemented with the documentation required according to the type of cessation of activity submitted within the deadline stipulated by law.

I declare, under my own responsibility, that the details I have given in this application are true, and I also declare that I am aware of my obligation to inform Asepeyo, Mutual Collaborator with Social Security no. 151 of any change to the details declared.

I request, by signing this form, that my application for cessation of activity benefit for self-employed workers be processed.

Applicant's signature

In

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Pursuant to current legislation on the protection of personal data, Asepeyo, Social Security Mutual Insurance Partner No. 151, holder of Tax ID Number (NIF) G-08215824, whose registered address is at Via Augusta nº 36, 08006 Barcelona, hereby informs you that the data provided shall be processed by Asepeyo on the legal basis (articles 80 and 82 of Royal Legislative Decree 8/2015) of the public interest in fulfilling the functions inherent in it as a mutual collaborating with the Social Security and, specifically, to manage your application for benefits, to make communications and notifications in that regard and, where appropriate, to pay the benefit applied for.

We also inform you that you will be able to receive notifications and notifications regarding the status of your benefit by SMS sent your mobile telephone number. Your data shall be kept for the minimum storage period pursuant to current legislation and, at all events, until the end of the last statute of limitations for criminal and civil proceedings, as well as administrative sanctions, as applicable, notwithstanding the fact that may be duly blocked. Where provided for in law, your data may be forwarded to the public bodies responsible for controlling, managing and/or supervising the provision of the service:

- Considering the remunerative nature of the benefit, for the purposes of the Asepeyo Personal Income Tax return, you must declare the amount of the benefit to the Agencia Tributaria (tax agency).
- To the INSS, to manage the benefits according to law.

We also inform you that, should it be necessary in order to manage your file, third parties who provide services to Asepeyo may have access to your data, such as medical experts, technical experts, private investigators, solicitors, barristers, TI providers and providers of documentation custody, destruction and digitalisation services. Your data will only be processed by these providers for the purposes of providing the contracted service. In general, we inform you that you may exercise your rights of access, rectification, deletion, limitation and/or portability by any of the means provided to prove and guarantee your identity:

- (i) By means of an online application made through Asepeyo Website (registration required).
- (ii) By emailing an application signed digitally by means of an electronic certificate issued by an accredited body to the User Service Department. (asepeyo@asepeyo.es)
- (iii) In person at any of our health centres.

You may also send any queries, suggestions and/or complaints regarding the processing of your personal data to Asepeyo's DPO (dpd@asepeyo.es). At any event, you have the right to file a complaint with the Spanish Data Protection Agency (AEPD), which has responsibility for data protection, through its website or by writing to its head office.

## Instructions for filling out Application for cessation of activity benefit for self-employed workers

### 1. APPLICANT'S PERSONAL DATA

Enter your personal identification and permanent residence details.

### 2. TYPE OF SELF-EMPLOYED WORKER AND STATUS

Enter in this space,

- Section 2.1. Type of self-employed worker. Mark the type of self-employed person you come under with an X.
- Section 2.2. Applicant's status. Mark your specific status with an X.

### 3. DETAILS OF THE ACTIVITY

Enter the identification details of the activity you perform.

- Section 3.1. Timeframe Indicate the timeframe of the activity, stating the day, month and year in which the activity began/begins and the day, month and year in which it ended/ends.

### 4. DETAILS OF THE CESSATION OF ACTIVITY BENEFIT [Enter your details for the application for the benefit.](#)

- Section 4.1. Date of cessation of activity. Enter the starting date, month and year of the cessation of the activity for which entitlement to the benefit is claimed
- Section 4.2. Reason claimed for the cessation of activity. Mark with an X the claimed reason for the application for the cessation of activity benefit. For cessation due to force majeure or gender-based violence mark with an X the temporal nature of the cessation of activity: permanent or temporary.

Complementarity for Financially Dependent Self-Employed Workers

- Section 4.3. Other Reasons. You must mark with an X the claimed reason for which the cessation of activity benefit is applied for.

Exclusively for Workers of Associated Worker Cooperatives

- Section 4.4. Reasons claimed. You must mark with an X the claimed reason for which the cessation of activity benefit is applied for.

Should it be necessary to identify other reasons

- Section 4.5. Other reasons. Specify the reason for cessation not set out in the previous points.

### 5. DIRECT DEBIT AND TAX DETAILS

Enter your bank and tax details.

- Section 5.1. Direct debit. Enter the details of the current account into which you wish the benefit to be paid once it has been recognised. Pay careful attention when filling in the current account boxes to avoid potential problems with the payments.
- Section 5.2. Voluntary withholding rate on personal income tax. Indicate the withholding rate you are requesting be applied to the monthly payment of the benefit to which you are entitled, which may not be lower than the rate set by law.

### DATE AND SIGNATURE

Please state at the bottom of the document the day, month and year in which the document is submitted, with the original signed by the self-employed person in question.