

APPLICATION FORM FREELANCER



SERVICES

I wish to offer the following types of services at Jora Vision Europe B.V.

Production Design

PERSONAL INFORMATION

First name	_____	Surname	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Initials	_____
Address	_____	Phone (1)	_____
Postal Code	_____	Phone (2)	_____
Place of residency	_____	Email	_____
Citizen Service Number	_____	Bank account number	_____
Date of birth	_____	Document of identification	<input type="checkbox"/> Passport <input type="checkbox"/> ID-card
Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	Document Number	_____
Nationality	_____	Expiry date	_____

Please attach a copy of your identity card or passport (front & back, no drivers license)

EDUCATION, TRAINING AND COURSES

Name of the training / course	Period	Achieved	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT HISTORY

Type of work	Period	Paid employment	Self employment
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

OTHER INFORMATION

Driving license A B C1 C D1 BE C1E CE D1E DE AM T

Desired types of assignments:

To be completed by freelancer

Hourly rate € _____ Excl. Tax

Hourly rate if travelling € _____ Excl. Tax

Km allowance € _____ Excl. Tax

To be completed by Jora Vision B.V. Europe

Hourly rate € _____ Excl. Tax

Hourly rate if travelling € _____ Excl. Tax

Km allowance € 0.19 Excl. Tax

APPLICATION FORM FREELANCER



BUSINESS INFORMATION

Company name	_____	Phone	_____
Address	_____	Fax	_____
Postal Code	_____	Email	_____
Place of residence	_____	Website	_____
Billing address	_____		

	_____	CoC number	_____

Attach copy of chamber of commerce registration.

VAT-number	_____	Bank account number	_____
------------	-------	---------------------	-------

Attach copy of debit card from the business

Independent contractor status statement, valid from _____ till _____

This document states the following activities and/or job descriptions _____

REMAINING QUESTIONS

I own the following materials and/or tools to perform my activities:

I have a company / professional liability insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have work disability insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a legal aid insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a website _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SIGNATURE

The undersigned declares to have filled in this form truthfully

Date	_____	City	_____
Name	_____	Signature	_____

* Working abroad: request E101/A1 (add a copy - www.svb.nl)
* Working in Belgium: request Limosa (add a copy - www.limosa.be)