

## CIVIL STATUS

**BIRTH SURNAME :** .....

Marital status : Single ☐ Married ☐ Divorced ☐ Widow(er) ☐ Other ☐

French Social Security number (if you have one) : .....

Home address : .....

Post code: ..... Town: ..... Country : .....

Business phone number : ..... Personal phone number: .....

e-mail address : .....@..... Fax number : .....

## PERIODS AND AREAS OF INTERVENTION AT IMT ATLANTIQUE

[illegible]

I, the undersigned ..... agree **to be paid** according to the number of hours specified at the hourly rate fixed by decision of the director of IMT Atlantique, June 28 2018.

**I acknowledge that I am aware of the ancillary nature of this involvement in teaching activities.**

I also undertake to inform you of any changes that may occur in my situation, particularly in the event of job loss.

Date.....

**Signature**

**<sup>1</sup> Attach a copy of birth certificate and passport**

## PROFESSIONAL STATUS

Your activity at IMT Atlantique is an ancillary activity. In order to be recruited to intervene, you must also have a principal employer.

**MANDATORY documents regardless of your situation :**

- 1- A legible copy of your valid passport
- 2- A legible copy of your birth certificate
- 3- A resume (Curriculum Vitae)

**Tick one of the three boxes corresponding to your situation**

☐ **I am a salaried employee :**

- Attach the original RIB or RIP for an account in France or a document from your bank indicating your full name, account number, IBAN, BIC, bank name and address.
- Have your employer's certificate filled out

☐ **I am an independent professional and my intervention will be the subject of :**

- ☐ a bill VAT : Yes ☐ No ☐  
☐ a monthly payment

**Attach my Company's bank details or RIB**

Name of the Company : .....

Address of the Company : .....

Company registration number : .....

☐ **I am a salaried employee and my intervention will be invoiced by my employer :**

- Attach the Company's bank details or RIB

Name of the Company : .....

Address of the Company : .....

Company registration number : .....

VAT : Yes ☐ No ☐

☐ **I am retired**

- Attach pension entitlement and RIB

**ATTESTATION BY THE PRINCIPAL EMPLOYER**

I the undersigned : ..... Address of the Company : .....

..... Certify that Mrs/Ms/Mr. : ..... is employed in our establishment under contract:

☐ for an indefinite period of time. ☐ for the period from

Date : ..... to ...../...../.....

**Employer's signature**

**Company stamp obligatory**

**Warning:**

**Any incomplete application will be returned to you and will cause a delay in the payment of your services.**

In accordance with law 78-17 of 06.01.78 relating to data processing, files and freedoms, in particular art. 27: - All information must be completed before any intervention begins. Failing this, the payment of hours cannot be made.

- This information is intended for: the Registrar's Office, the Human Resources Department, the Finance Department of IMT Atlantique as well as the Regional Public Finance Department of Pays de la Loire and/or the General Department of the Institut Mines Télécom.

- Individuals have access to their file and have a right to rectify said data.

(Area reserved for the IMT Atlantique Administration)

**AGREEMENT BY THE DIRECTOR OF IMT ATLANTIQUE**

The Director gives his agreement that

Mr/Ms.....  
 participates in teaching activities or other interventions carried out on an ancillary basis.

Date.....

**For the Director**  
**Director of Studies**