

# REACH Letter of Access - Application Form CB4REACH CONSORTIUM

**PLEASE FILL OUT AND SEND A PDF AS A WORKING DOCUMENT TO:**

[cb4reach@cb4reach.eu](mailto:cb4reach@cb4reach.eu)

## 1. Substance

- Carbon black (solid: particulate/powder): Non-nanoform or bulk form of carbon black
- Carbon black (solid: nanoform, no surface treatment): grades of carbon black that meet the definition of a nanoform given in Annex VI REACH and which have not been subjected to post-manufacture treatment
- Carbon black (solid: nanoform, surface-treated): grades of carbon black that meet the definition of a nanoform given Annex VI REACH and which have been subjected to treatment with the oxidation agents, nitrogen oxides, N<sub>2</sub>O<sub>4</sub>, nitric acid, ozone

## 2. Tonnage Band

- >1000t/a
- 100-1000t/a
- 10-100t/a
- 1-10t/a

## 3. Confirmation of the Sameness

We hereby confirm the sameness of our substance as described in the SIEF INFO LETTER 2 published on the webpage of the Carbon Black Consortium (<http://www.cb4reach.eu>).

- YES  NO

**Attention:** Depending on your situation and role, please complete steps 4 or 5. If you are **Producer or Importer in the EU**, please fill in sections 4.1.-4.3. If you are acting as an **Only Representative/Third Party as a service provider only**, please fill in sections 5.1.-5.3. If your company acts as an **Only Representative for your non-EU based parent company** (and other Non-EU based Affiliates) and your company is also manufacturer or importer of Carbon Black itself, please use the form in sections 4.1. -4.3.

## 4. Producer / Importer: Contract Partner Information for the agreement & invoice

### 4.1 Producer / Importer

Company name:	
Contact person:	
Address:	
Phone:	
Fax:	
E-Mail:	
VAT No:	
Pre-registration-/Inquiry-No:	
UUID:	
Signatory (in letters):	

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### 4.2 Producer: Affiliates

Please list below **all** of your Affiliate(s) according to the definition published on the webpage of the Consortium:

#### Affiliate 1

Company name:	
Contact person:	
Signatory (in letters):	
Address:	
Phone:	
Fax:	
E-Mail:	
Pre-registration-/Inquiry-No:	
UUID:	

#### Affiliate 2

Company name:	
Contact person:	
Signatory (in letters):	
Address:	
Phone:	
Fax:	
E-Mail:	
Pre-registration-/Inquiry-No:	
UUID:	

#### Affiliate 3

Company name:	
Contact person:	
Signatory (in letters):	
Address:	
Phone:	
Fax:	
E-Mail:	
Pre-registration-/Inquiry-No:	
UUID:	

**Note: Additional Affiliates, if any, may be listed on a separate sheet.**

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### **4.3 Address for the invoice, if different from 4.1**

Important: The invoice will be prepared only for the contract partner (4.) who must be **domiciled in the EU**.

No extra invoice for other companies (e.g. client of OR outside the EU) will be prepared.

Payment can be made from any bank account worldwide (see FAQ "Payment" on the webpage [www.cb4reach.eu](http://www.cb4reach.eu))

Company name:	
Contact person:	
Address:	
Phone:	
Fax:	
E-Mail:	
VAT No:	

### **5. Only Representative (OR) / Third Party Representative (TPR): Contract Partner Information for the agreement & invoice**

#### **5.1 OR / TPR**

Company name:	
Contact person:	
Address:	
Phone:	
Fax:	
E-Mail:	
VAT No:	
Pre-registration-/Inquiry-No:	
UUID:	
Signatory (in letters):	

**We are acting as a**

OR

TPR

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### **5.2 OR/TPR: Client/Affiliates of the Client (Affiliates 3x)**

**Our Client wishes its identity and that of its Affiliates to be treated confidentially:**

YES

NO

**Client of the OR/TPR:**

Company name:	
Contact person:	
Address:	
Phone:	
Fax:	
E-Mail:	
VAT No:	
Pre-registration-/Inquiry-No:	
UUID:	

**Note:** If Box **YES** is ticked, the Consortium Manager will treat this information confidentially also vis-à-vis the members of the Consortium. However, this information must be supplied in any case to enable the Consortium Manager to issue a Letter of Access to each Affiliate.

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**Please list below all of your Client's Affiliate(s)** according to the definition published on the webpage of the Consortium:

**Affiliate 1**

Company name:	
Contact person:	
Signatory (in letters):	
Address:	
Phone:	
Fax:	
E-Mail:	
Pre-registration-/Inquiry-No:	
UUID:	

**Affiliate 2**

Company name:	
Contact person:	
Signatory (in letters):	
Address:	
Phone:	
Fax:	
E-Mail:	
Pre-registration-/Inquiry-No:	
UUID:	

**Affiliate 3**

Company name:	
Contact person:	
Signatory (in letters):	
Address:	
Phone:	
Fax:	
E-Mail:	
Pre-registration-/Inquiry-No:	
UUID:	

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### Affiliate 4

Company name:	
Contact person:	
Signatory (in letters):	
Address:	
Phone:	
Fax:	
E-Mail:	
Pre-registration-/Inquiry-No:	
UUID:	

**Note:** Additional Affiliates, if any, may be listed on a separate sheet.

### **5.3 Address for the invoice, if different from 5.1**

Important: The invoice will be prepared only for the contract partner (4.) who must be **domiciled in the EU**.

No extra invoice for other companies (e.g. client of OR outside the EU) will be prepared.

Payment can be made from any bank account worldwide (see FAQ "Payment" on the webpage [www.cb4reach.eu](http://www.cb4reach.eu))

Company name:	
Contact person:	
Address:	
Phone:	
Fax:	
E-Mail:	
VAT No:	

### **6. Additional information**