

REACH Letter of Access Application Form

Industry Consortium SASFORREACH

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

sasforreach@sasforreach.eu

1 Substance

[For co-registrants with more than one substance covered by the SASFORREACH Consortium: please use for each substance a new form]

Name:

CAS #:

EINECS #:

2 Tonnage Band

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

3 Confirmation of the Sameness

We hereby confirm the sameness of our substance as described in the SIEF Info Letter published on the webpage of the SASFORREACH Consortium (<http://www.reach-sas.org>).

- yes no

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

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

4.1 Producer / Importer

Company name:

Contact person:

Signatory:
(in letters)

Address:

REACH Letter of Access Application Form

Phone:

Fax:

email:

VAT No:

Pre-registration-/
Inquiry-No:

UUID:

4.2 Producer: Affiliates

Affiliate 1

Company name:

Contact person:

Signatory:
(in letters)

Address:

Phone:

Fax:

email:

VAT No:

Pre-registration-/
Inquiry-No:

UUID:

Affiliate 2

Company name:

Contact person:

Signatory:
(in letters)

REACH Letter of Access Application Form

Address:

Phone:

Fax:

email:

VAT No:

Pre-registration-/
Inquiry-No:

UUID:

Affiliate 3

Company name:

Contact person:

Signatory:
(in letters)

Address:

Phone:

Fax:

email:

VAT No:

Pre-registration-/
Inquiry-No:

UUID:

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

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.

REACH Letter of Access Application Form

Payment can be made from any bank account worldwide (see FAQ "Payment" on the webpage www.reach-sas.org)

Company name:

Contact person:

Address:

Phone:

Fax:

email:

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:

Signatory:
(in letters)

Address:

Phone:

Fax:

email:

VAT No:

Pre-registration-/
Inquiry-No:

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We are acting as a OR TPR

REACH Letter of Access Application Form

5.2 OR/TPR: Client/Affiliates of the Client

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:

email:

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.

Affiliate 1

Company name:

Contact person:

Address:

Phone:

Fax:

email:

VAT No:

Pre-registration-/
Inquiry-No:

REACH Letter of Access Application Form

UUID:

Affiliate 2

Company name:

Contact person:

Address:

Phone:

Fax:

email:

VAT No:

Pre-registration-/
Inquiry-No:

UUID:

Affiliate 3

Company name:

Contact person:

Address:

Phone:

Fax:

email:

VAT No:

Pre-registration-/
Inquiry-No:

UUID:

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REACH Letter of Access Application Form

5.3 Address for the Invoice if different from 5.1

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Company name:

Contact person:

Address:

Phone:

Fax:

email:

VAT No:

6 Additional information