Industry Consortium SASFORREACH

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

sasforreach@sasforreach.eu

[For co-regist	etails see https://www.reach-sas.org) trants with more than one substance covered by the SASFORREACH Consortium: r each substance a new form]				
Name:					
CAS #:					
EINECS #:					
If you want to register SAS / EC 231-545-4 please specify the form: O Set #1: Untreated SAS (nanoform)					
_	O Set #2: Surface-treated SAS (nanoform, unclassified)				
_	O Set #2a: Surface-treated SAS (nanoform, classified STOT RE 2)				
O Set #3: Colloidal SAS (non-surface-treated)					
○ Set #4: Aluminum-surface-treated SAS○ Nanoform Stöber SAS					
-	"bulk" form (non-nano) including bulk Stöber SAS				
2 Tonnage Band					
○ > 100					
O 100					
O 100 -					
O 1 - 10					
	of the Sameness				
	the sameness of our substance as described in the SIEF Info Letter published on the SFORREACH Consortium (http://www.reach-sas.org).				
4 Producer / Imp	porter: 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 4.14.3. If you are an Only Representative/Third Party, please fill in sections 5.15.3. 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 4.14.3].					
4.1 Producer / Im	porter				
Company name:					
Contact person:					
Signatory:					
(in letters) Address:					
Address:					

Phone:				
Fax:				
email:				
VAT No:				
Pre-registration-/				
Inquiry-No: UUID:				
4.2 Producer: A	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)				

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:	
TILID.	

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.

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: UUID:
We are acting as a OR OR TPR

5.2 OR/TPR: Client/Affiliates of the Client

Our Client wishes its identity and that of its Affiliates to be treated confidentially: O Yes O No					
Client of the OR	/ TPR				
Company name:					
Contact person:					
Address:					
Phone:					
Fax:					
email:					
VAT No:					
Pre-registration-/					
Inquiry-No: UUID:					
members of the C	is ticked, the Consortium Manager will treat this information confidentially also vis-à-vis the consortium. However, this information must be supplied in any case to enable the Consortium a Letter of Access to each Affiliate.				
Company name:					
Contact person:					
Address:					
Phone:					
Fax:					
L					
email:					
VAT No:					
Pre-registration-/					
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:

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

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		