Industry Consortium SASFORREACH

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

sasforreach@sasforreach.eu

[For co-reg	(Details see https://www.reach-sas.org) gistrants with more than one substance covered by the SASFORREACH Consortium: e for each substance a new form]					
Name:						
CAS #:						
EINECS #:						
	If you want to register SAS / EC 231-545-4 please specify the form:					
Set #1: Untreated SAS (nanoform)						
◯ Set	Set #2: Surface-treated SAS (nanoform, unclassified)					
◯ Set	t #2a: Surface-treated SAS (nanoform, classified STOT RE 2)					
◯ Set	t #3: Colloidal SAS (non-surface-treated)					
O Bul	lk: "bulk" form (non-nano) including bulk Stöber SAS					
2 Tonnage Ba	and					
○ > 1	000 t/a					
-	0 - 1000 t/a					
_	- 100 t/a					
O 1 -						
	on of the Sameness					
	irm the sameness of our substance as described in the SIEF Info Letter published on the SASFORREACH Consortium (http://www.reach-sas.org).					
○ Ye	s O No					
4 Producer /	Importer: Contract Partner Information for the agreement & invoice					
or Importe in sections Non-EU ba	Depending on your situation and role, please complete steps 4 or 5. Are you Producer r, please fill in sections 4.14.3. If you are an Only Representative/Third Party, please fill 5.15.3. If your company acts as OR for your non-EU based parent company (and other used Affiliates) and your company is also a manufacturer or importer of SAS itself, please rm in sections 4.14.3].					
4.1 Producer /	Importer					
Company name	:					
Contact person:						
Contact person: Signatory:						
Signatory: (in letters)						
Signatory:						
Signatory: (in letters)						

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-/	
UUID:	
Affiliate 3	
Company name:	
Contact person:	
Signatory: (in letters)	
Address:	
Phone:	
Fax:	
email:	
VAT No:	
Pre-registration-/ Inquiry-No:	
HIIID:	

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:				
Contract Part	entative (OR) / Third Party Representative (TPR): tner 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 OTPR				

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:					
Di					
Phone:					
Fax:					
email:					
VAT No:					
Pre-registration-/ Inquiry-No:					
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 informa	ation	