REACH Letter of Access Application Form

Synthetic Zeolites Consortium

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

info@zeolites.be

1 Substance

[For co-registrants with more than one substance covered by the Synthetic Zeolites 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

(for existing co-registrant ; not for new requests)

We hereby confirm the sameness of our substance as described in the SIP File provided by the Synthetic Zeolites Consortium (www.zeolites.be).

☐ 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 Zeolites itself, please use the form in sections 4.1. -4.3].

4.1 Producer / Importer

Company name:

Contact person:

Signatory:
(in letters)

Address:

Synthetic Zeolites Consortium aisbl
Reg N°: BE0832.383.823
info@zeolites.be
www.zeolites.be

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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:	
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Affiliate 2

Company name:	
Contact person:	
Signatory: (in letters)	

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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.

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Payments can be made after consulting the Synthetic Zeolites Consortiums (www.zeolites.be).

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:	
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We are acting as a ☐ OR ☐ TPR

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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:	

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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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6 Additional information

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