

# REACH Letter of Access Application Form

Industry Consortium SASFORREACH

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

**[sasforreach@sasforreach.eu](mailto:sasforreach@sasforreach.eu)**

## 1 Substance (Details see <https://www.reach-sas.org>)

**[For co-registrants with more than one substance covered by the SASFORREACH Consortium: please use 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 #2a: Surface-treated SAS (nanoform, unclassified)
- Set #3: Colloidal SAS (non-surface-treated)
- Set #4: Aluminum-surface-treated SAS
- Nanoform Stöber SAS
- Bulk: "bulk" form (non-nano) including bulk Stöber SAS

## 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](http://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  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:

UUID:

# REACH Letter of Access Application Form

## 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.**

# REACH Letter of Access Application Form

### 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.reach-sas.org](http://www.reach-sas.org))

Company name:

Contact person:

Address:

Phone:

Fax:

email:

VAT No:

## 6 Additional information