

Identification form

Date:

To be returned to Auvibel (auvibel@auvibel.be - Fax: (+32) 02 650 09 58)

We declare that our company:	
Company name Address (street + number) Address (postcode +locality) Contact person Company Reg. No. Tel. Fax E-mail Website	
☐ Is (or was) liable for payment of the remuneration:	
as	Fach. was
	facturer
	sive importer / intra-EU purchaser
□ Whole	esaler importer / intra-EU purchaser
□ Retail	er importer / intra-EU purchaser
Please state the name and the company registration number(s) of your supplier(s) abroad of products subject to the remuneration:	
reason(s):	for payment of the remuneration for the following
purchase the products sub	VAT number of the Belgian suppliers from whom you bject to the remuneration if you do not manufacture those se them within the EU or import them:
Please state your trading acti	vity:
Signature:	