

Application for Participation KAT Feedstuff Producer



1.) Type of Application

First registration Re-registration, KAT-ID:

2.) Type of company

Feedstuff Producer

3.) Details of your company:

(please complete clearly in BLOCK CAPITALS)

Details of Production site:

(if different from company information)

<p>*Name / Company:</p>	<p>*Name / Location:</p>
<p>Managing Director: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.</p> <p>*First-/Surname:.....</p> <p>*Telephone:.....</p> <p>* E-Mail:.....</p>	<p><input type="checkbox"/> QS-Certification</p> <p><input type="checkbox"/> GMP+-Certification</p> <p><input type="checkbox"/> FCA-Certification</p> <p><input type="checkbox"/> other Certification (kind of):</p> <p>-----</p> <p>Please enclose actual Certificat</p> <p>if not available, submitted Certificate expected until:</p> <p>.....</p>
<p>*Contact/Processing: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.</p> <p>*First-/Surname:</p> <p>*Telephone:.....</p> <p>*Telefax:.....</p> <p>*E-Mail:.....</p>	<p>* Contact/Chief Operation Manager: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.</p> <p>*First-/Surname:</p> <p>*Telephone:.....</p> <p>*Telefax:.....</p> <p>*E-Mail:.....</p>
<p>*Street/No:</p>	<p>*Street/No:</p>
<p>*Postal Code / Location:</p>	<p>*Postal Code / Location:</p>
<p>*Country:</p>	<p>*Country:</p>
<p>*USt.-ID/BTW/VAT-No. (only for non-German companies):</p>	<p>*Number of official licence:</p>

Invoicing address (if different from above, otherwise please mark the invoicing address)

*Company Name:.....

*Street/No:.....

*Postal Code
/Location:.....

*Country:.....

*USt.-ID/BTW/VAT-No. (only for non-German companies):.....

*marked fields are required fields

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4.) Production data

* Planned start of production:

*Manufacture of the following products:

*Annual laying-hen feed production (t/year):

5.) Supply relationship

*KAT Recipients (Name, KAT-ID)	
Name.....	Name.....
KAT-ID.....	KAT-ID.....
Name.....	Name.....
KAT-ID.....	KAT-ID.....
Name.....	Name.....
KAT-ID.....	KAT-ID.....
Name.....	Name.....
KAT-ID.....	KAT-ID.....
Name.....	Name.....
KAT-ID.....	KAT-ID.....

• Marked fields are required fields

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6.) If applicable, list the names of your further locations where you process KAT products:

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7.) Signature

*** I hereby confirm the correctness of the information given above.**
 Please note our privacy policy on our website <https://www.was-steht-auf-dem-ei.de/en/data-protection.php> and confirm with your signature that you have read and understood.

*Place, date *Stamp, Signature

* marked fields are required fields

**Please fax this application to the KAT office at +49 (0) 228 9596050 or send it by E-mail to schmidt@kat.ec.
 We would like to draw your attention to the fact that only fully completed applications can be processed.**