

Application for Participation KAT

for egg-products plants, the food industry and trading companies



1.) Type of Application

First registration Re-registration, KAT-ID:

2.) Type of company

Egg-products plant (EP) Food industry establishment (NI) Trading company (HA)

3.) Details of your company: (please complete clearly in BLOCK CAPITALS)	Details of Production site: (if different from company information)
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*Name / Company:	*Name / Location:
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Managing Director: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. *First-/Surname:	<input type="checkbox"/> Copy of certificate issued by a standard recognised by GFSI is attachd (EP, NI) <input type="checkbox"/> Copy of certificate issued by a standard recognised by GFSI will be submitted at a later date (EP, NI) :
*Telephone.....
*E-mail.....

*Contact/Processing: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. *First- & Surname	* Contact/Chief Operation Manager: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. *First- & Surname
*Telephone.....	*Telephone.....
*Telefax.....	*Telefax.....
*E-mail.....	*E-mail.....

*Street/No.:	*Street/No.:
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*Postal Code / Location:	*Postal Code/Location:
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*Country:	*Country:
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*USt.-ID/BTW/VAT-Nr. (only for non-german companies):	VAT No.:
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Invoicing address (if different from above, otherwise please mark the invoicing address):

*Company Name.....

*Street/No.

*Postal Co-
de/Location.....

*Country.....

*USt.-ID/BTW/VAT-Nr. (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:**
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* **Planned annual production KAT-goods (finished product):**

5.) Supply relationship

Purchase of KAT goods:
Only raw products and egg products or semi-finished products from KAT-inspected establishments are used:
 Yes No

<p>*Suppliers (Name, KAT-ID) e.g. KAT- Packing Station, KAT-egg-products plants</p>	<p>* Recipients (Name, KAT-ID and address) e.g. KAT-egg-products plants, KAT- food industry, Retail trade</p>
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<p>Name.....</p> <p>KAT-ID.....</p>	<p>Name.....</p> <p>KAT-ID..... (if available otherwise please specify address)</p> <p>address.....</p>
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<p>Name.....</p> <p>KAT-ID.....</p>	<p>Name.....</p> <p>KAT-ID..... (if available otherwise please specify address)</p> <p>address.....</p>
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<p>Name.....</p> <p>KAT-ID.....</p>	<p>Name.....</p> <p>KAT-ID..... (if available otherwise please specify address)</p> <p>address.....</p>
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* Marked fields are required fields

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 buesch@kat.ec.
 We would like to draw your attention to the fact that only fully completed applications can be processed.**