

Request for manufacturer/supplier code

This request is subject to the application of EN 14803

1. TO BE COMPLETED BY THE APPLICANT (manufacturer/supplier)

Name of organization
Address:
Country:
Main contact in the organization:
Main contact position in the organization:
Main contact phone number:
Main contact fax number:
Main contact email address:
Address for billing (if it is different from that indicated above):
VAT number :
Brief description of the intended use of the manufacturer/supplier code:
Expected date of the first implementation of the manufacturer/supplier code:
We hereby request the assignment of manufacturer/supplier code(s) thank you to indicate the required number of codes, up to 5 and indicate that those code(s) will be used according to EN 14803.
Signature/date

Please return application to: **AFNOR**

EN 14803 Registration Authority

Mrs Victoria DUBOSCQ

Victoria.duboscq@afnor.org

11 RUE FRANCIS DE PRESSENSE

**F 93571 LA PLAINE SAINT DENIS CEDEX
FRANCE**

2. TO BE COMPLETED BY THE REGISTRATION AUTHORITY

Form received on:	Assigned manufacturer/supplier code:	Code assigned on:
Signature/date		