

AH.07 REGISTRATION FORM CONTRACTOR



To be returned legibly completed, [together with a copy of the VCA certificate and passport](#), at least 48 hours before the start of the work. For works that take place at:

- Nyrstar BALEN : by e-mail to the **Job Responsible Nyrstar** and the Internal Security : Portiers.Balen@nyrstar.com

- Nyrstar PELT : by e-mail to the **Job Responsible Nyrstar** and the Reception&Dispatch : Pelt.portiers@nyrstar.com

1. ORDERNUMBER : 6. JOB RESPONSABLE NYRSTAR :

2. COMPANYY NAME : 7. STARTING DATE :

3. ADDRESS STREET : N° : 8. COMPLETION DATE :

CITY : POSTAL N°: 9. WORKINGS HOURS : START DAY :

TELEPHONE : FAX : END DAY :

4. NAME SUBCONTRACTOR(S) : ADDRESS :

5. SITE + WORK DESCRIPITON :

Undersigned, proxy holder of the company mentioned above, declares to delegated members of his staff, agency staff and/or subcontractor's staff, mentioned beneath,

FUNCTION + name subcontractor	NAME	GIVEN NAME	NATION ALITY.	BIRTH DAY	Copy E101	Country and Copy L-1	Copy VCA certificate	Copy passport
RESPONSABLE CONTACT								
SITE SUPERVISOR								
QUALIFIED STAFF								

DATE + SIGNATURE PROXY HOLDER

IMPORTANT!!: Staff registered at a NOT in Belgium domiciled seat and from an EU country must be in the possession of SECONDMENT CERTIFICATE E101/A1 + LIMOSA certificate (L-1)