

After completion of this form, the form must be sent electronically to your SCK CEN contact person and to toegang@sckcen.be. Only electronically completed forms B1 will be accepted.

SCK CEN contact person:

For more information, please contact SCK CEN Access Control:

tel.:+ 32 14 33 20 13

e-mail: toegang@sckcen.be

sck cen

**DOCUMENT B.1:
“Identification form: person”**

Last name:

First name:

Given name:

Date of Birth (year/month/day):

Place of Birth:

Country of Birth:

Language:

Nationality:

Sex:

Number of the National Register: - -

If you do not have a Belgian number of the National Register, please provide your passport number and/or your ID card number.

ID card number:

Passport number:

Legal domicile:

Street:

Number:

PO box:

City:

Postal code:

Country:

Place of residence, if different from domicile:

Street:

Number:

PO box:

City:

Postal code:

Country:

Private phone:

Mobile phone:

E-mail:

Living in Belgium since (year/month/day):

VAT No:

Name of the firm:

Position at establishment: