

\*\*\*After completion of this form, the form must be sent electronically to your SCK CEN contact person and to [toegang@sckcen.be](mailto: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](mailto:toegang@sckcen.be)



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

|  |                   |             |
|--|-------------------|-------------|
| 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:   | -                 | -           |
| <i>If you do not have a Belgian number of the National Register, please provide your passport number and/or your ID card number.</i> |                   |             |
| ID card number:  | Passport number:  |             |
| <b>Legal domicile:</b>   |                   |             |
| Street:  | Number:           | PO box:     |
| City:  | Postal code:      |             |
| Country:   |                   |             |
| <b>Place of residence, if different from domicile:</b>   |                   |             |
| Street:  | Number:           | PO box:     |
| City:  | Postal code:      |             |
| Country:   |                   |             |
| Private phone:   | Mobile phone:     |             |
| E-mail:  |                   |             |
| Living in Belgium since (year/month/day):  |                   |             |
| Name of the firm:  | VAT No:           |             |
| Position at establishment:   |                   |             |