

\*\*\*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:		
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:		
Name of the firm:		VAT No:
Position at establishment:		