Skicka med e-post Skriv ut formulär

Forsmarks Kraftgrupp

VATTENFALL

Names and categories

Company: _____

In case of using **sub-suppliers** in the performance of the work, this form shall be filled in and sent to the person handling the purchase order, as soon as the personnel is appointed.

Order number: _____ **Contact person acc to order:** _____

Name	**Date of birth**	**Category as per pricelist**	**Note** (see below)	**Home address**	**Company name of sub-supplier**	**VAT-number sub-supplier**	**Phone number sub-supplier**	**Contact person sub-supplier**

Note: Su = Supervisor, Sa = Safety representative, E = Representative for environmental issues, Q = Representative for quality issues